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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)

2014
Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

► Information about Form 990 and its instructions is at www.irs.gov/form990.

A	For the	2014 calendar year, or tax year beginning NOV 1, 2014 and e	ending (<u>CT 31, 2015</u>					
В	Check if applicable	C Name of organization		D Employer identifi	cation number				
	Address change	Pope County Farm Bureau							
	Name change	Doing business as		71-0	272931				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number						
	Final return/	P.O. Drawer 10400		479-	968-1361				
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	216,529.				
	Amende return	Russellville, AR 71812		H(a) Is this a group re	eturn				
	Applica-	F Name and address of principal officer DELL Small		for subordinates	? Yes X No				
	pending	same as C above		H(b) Are all subordinates in	ncluded? Yes No				
1 1	Fax-exer	mpt status 501(c)(3) _X 501(c)(5) ◀ (insert no.) 4947(a)(1) or	r 527	If "No," attach a	list (see instructions)				
J١	N ebsite	e:▶ www.arfb.com/pope		H(c) Group exemptio	n number 🕨				
		organization: X Corporation Trust Association Other	L Year	of formation 1956 N	A State of legal domicile: AR				
Pa	art I	Summary							
es.	1 B	Briefly describe the organization's mission or most significant activities Agric	ultur	al Promotio	n				
Activities & Governance	_								
ű	2 0	Check this box 🕨 🔲 if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	sets				
ŏ	3 N	lumber of voting members of the governing body (Part VI, line 1a)		3	24				
<u>م</u>	4 N	lumber of independent voting members of the governing body (Part VI, line 1b)		4	24				
es	5 T	otal number of individuals employed in calendar year 2014 (Part V, line 2a)		5	5				
Σ̈́	6 T	otal number of volunteers (estimate if necessary)		6	36				
Act	7 a T	otal unrelated business revenue from Part VIII, column (C), line 12		7a	141,913.				
	- b N	let unrelated business taxable income from Form 990-T, line 34		7b	<u> </u>				
				Prior Year	Current Year				
ē	8 C	Contributions and grants (Part VIII, line 1h)	0.	<u> </u>					
ent	9 P	rogram service revenue (Part VIII, line 2g)	61,747.	61,793.					
Revenue	10 lr	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		323.	372.				
_	11 0	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<u> 156,749.</u>	<u>154,364.</u>				
	12 T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		218,819.	216,529.				
	13 G	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	14 B	senefits paid to or for members (Part IX, column (A), line 4)	<u> </u>	0.	0.				
es	15 S	salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		87,637.	84,570.				
Expenses	3	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.				
8		otal fundraising expenses (Part IX, column (D), line 25)	<u>0. </u>	0.6.000	101 600				
_	l .	Other expenses (Part IX, column (A), lines 11a 11d, 11f-24e)	<u> </u>	96,278.	104,623.				
	18 T	otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	183,915.	189,193.				
_ <u>s</u>	19 R	levenue less expenses Subtract line 18 from line 12	- -	34,904.	27,336.				
Vet Assets or Und Balances			Be	ginning of Current Year	End of Year				
SSE	20 T	otal assets (Part X, line 16)		870,094.	851,243.				
Z et	21 T	otal liabilities (Part X, line 26)	-	258,056. 612,038.	211,869. 639,374.				
P	<u>22 `N</u> art	let assets or fund balances Subtract line 21 from line 20 Signature Block	L	012,030.	039,374.				
		ies of perjury, I declare that I have examited this return, including accompanying schedules	and statem	ente and to the heet of m	v knowledge and helief it is				
		and complete. Declaration of preparer (other than officer) is based on all information of which			y knowledge and bellet, it is				
1106,	, сонесц	and community Decided on the preparer (white than officer) is based on an information of white	cii picpaici	las any knowledge.	2-110				
Sıgı	.	Signature of officer		Date	, , 4				
Her		Jason Drew							
riei	١)	Type or print name and title							
		Print/Type preparer's name Preparer's signature		Date Check	PTIN				
Paid		Sherry Chesser, CPA	ou 1	4 7 1 Self-employ	P00174819				
		Firm's name Thomas & Thomas LLP		Firm's EIN	71-0271741				
		Firm's address 201 E. Markham, Suite 500							
- •	····,	Little Rock, AR 72201		Phone no.50	1-375-2025				
— Mav	the IRS	S discuss this return with the preparer shown above? (see instructions)			X Yes No				
	01 11-07-		ns.		Form 990 (2014)				

Form **990** (2014)

	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		
:	Did the organization undertake any significant program services during the year which were not listed on	<u></u>	
	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O		X No
	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O	Yes	X No
	Describe the organization's program service accomplishments for each of its three largest program services, as measured leads Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total		
	revenue, if any, for each program service reported.		
а			
	County Farm Bureau work is general in nature, helping farm fa		
	achieve educational improvements, economic opportunity, and s advancement.	ocla1_	
b	(Code) (Expenses \$		
		-	<u> </u>
С	(Code) (Expenses \$	······	
			<u>-</u>
		···	
d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$		
—_ е			

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

- 4	City Checkingt of required concedures			
	·		Yes	No
1	Is the drganization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			77
	public office? If "Yes," complete Schedule C, Part I	3_		<u> </u>
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	5	x	
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
U	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		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_		Χ
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,			ı
	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			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </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		X
٦	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
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u>X</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </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	446		v
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		<u>X</u>
15	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			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>x</u>
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,"			
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b_	000	2014)
		Form	4411/	ついれる

rai	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			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	ļ		
	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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			ĺ
	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			ĺ
	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			1
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			İ
	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,"			l
	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			l
	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			ĺ
	instructions for applicable filing thresholds, conditions, and exceptions)			l
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			l
	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	- -	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			١
	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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			l
	Part V, line 1	34	ļ	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		Ì	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		-
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	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 197			
	Note. All Form 990 filers are required to complete Schedule O	38	X	L

71-0272931

Form 990 (2014) Pope County Farm Bureau
Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check it Schedule O contains a response or note to any line in this Part V			<u></u>
			Yes	No
1a	· · · · · · · · · · · · · · · · · · ·			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			1
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			ĺ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3а		_3a_	X	<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	_3b	<u>X</u>	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			7.5
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	_4a		_X_
b	If "Yes," enter the name of the foreign country			ĺ
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)] _]		v
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		<u> </u>
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
oa	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_
.	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua		
U	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	05		
·	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	i	İ
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			
-	to file Form 8282?	7c	-	Į
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			İ
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			ļ
	Initiation fees and capital contributions included on Part VIII, line 12			İ
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter.			
	Gross income from members or shareholders Cross income from ather sources (Pa not are unto the ground to other sources ground)	i l		1
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
120	amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		j	
	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			
h	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			
С	Enter the amount of reserves on hand			Í
_	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Pope County Farm Bureau 71-0272931 Page 6

<u>ra</u>	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	"No" r	espon	se
	Check if Schedule O contains a response or note to any line in this Part VI			\mathbf{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 24			
	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 24	i		
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	<u>X</u> _	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		_X_
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	X	
b			37	
_	persons other than the governing body?	7b	<u>X</u>	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
_	The governing body?	8a	X X	
Ъ	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		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 Di i diloto (mis dection il requests information about policies not required by the internal nevenue dode)		Yes	No
10a	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		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	_X_	
13	Did the organization have a written whistleblower policy?	13		<u>X</u>
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	ł		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		X
þ	Other officers or key employees of the organization	15b		<u>X</u>
46	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
Юа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10-		X
	taxable entity during the year?	16a		
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed None			
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	financ	cial	
	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 - 479-968-1361			
	P.O. Drawer 10400, Russellville, AR 71812			

_		
-orm	990	(2014)

Pope County Farm Bureau

71-0272931

Page 7

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

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	(B) Average hours per	Ьò	(C) Position (do not check more than or box, unless person is both officer and a director/truste					1	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		the	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Jeff Small	0.50									•
President	1 2 50	X	<u> </u>	X				0.	0.	0.
(2) Jason Drew	0.50	٠,		3,5						_
Vice President	0.50	X	ļ	X			-	0.	0.	0.
(3) Lance Martin	0.50	x		х			ł	0.	0.	0.
Secretary/Treasurer	0.50	^		Δ	\vdash		\vdash	- 0.	<u> </u>	
(4) Craig Bailey Member	0.50	x						0.	0.	0.
(5) Sue Berkemeyer	0.50	1					_			-
Member	3.30	x						0.	0.	0.
(6) Jim Bocksnick	0.50						 			
Member		X						0.	0.	0.
(7) Gary Rowlands	0.50					<u> </u>				
Member		X						0.	0.	0.
(8) Randy Clark	0.50				-					
Member		X	<u></u>				L	0.	0.	0.
(9) Don Guess	0.50				}	-	l			
Member		X						0.	0.	0.
(10) Kenneth Hayden	0.50									
Member		X				_	$oxed{oxed}$	0.	0.	0.
(11) Ida Ruth Jones	0.50								_	_
Member		X				_	_	0.	0.	0.
(12) Tom Jones	0.50								_	_
Member		X				_	 	0.	0.	0.
(13) Lisa Smith	0.50									
Member	0.50	X				 		0.	0.	0.
(14) Charles Metz	0.50	٠,				ĺ	Ì		о.	^
Membe _r	0 50	X	\vdash			-	 	0.	<u> </u>	0.
(15) T.A. Metz	0.50	X						0.	0.	0.
Member (16) Production	0.50	+	 			 				
(16) David Oates	0.50	x						0.	0.	0.
Member	0.50	TA TA				\vdash	-	·		
(17) Jay Price	J. 30	X						0.	0.	0.
432007 11-07-14					'					Form 990 (2014)

Part VII Section A. Officers, Directors,	(B) Average				C)			(D)	(E)			(F)	_1
Name and title	hours per week	box	not c , unle cer ar	heck ss pe	more rson	than is bot	h an		Reportable compensation from related	,	am	timate lount (other	_
	(list any hours for	trustee or director	av.			ated		the organization	organizations (W-2/1099-MISC	>)	fr	pensa om the	Э
	related organizations	trustee	al truste		yee	mpens		(W-2/1099-MISC)			•	anızatı İ relati	
	below line)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former					ınızatı	
(18) Steven Sumners Member	0.50	X						0.		٥.			0.
(19) Dustin Tackett	0.50							_				-	
Member	0.50	X			ļ	 		0.		0.		_	0.
(20) Chris Vincent Member	0.50	x						0.		0.			0.
(21) Paul Weir	0.50	^		 						•			<u> </u>
Member_		х						0.		0.	_		0.
(22) Roger White	0.50										-		
Member		X			_		_	0.		0.			0.
(23) Randy Young Member	0.50	x						0.		0.			0.
(24) Matt Hoien Member	0.50	X						0.		0.			0.
1b Sub-total				<u> </u>		l	.	0.		0.			0.
c Total from continuation sheets to Pa	rt VII, Section A						•	0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	0.		0.			0.
2 Total number of individuals (including I compensation from the organization		ose	liste	ed al	bove	e) wh	no r	eceived more than \$100	,000 of reportable				0
compensation from the organization												Yes	No
3 Did the organization list any former of line 1a? If "Yes," complete Schedule J			e, ke	y en	nplo	yee	, or	highest compensated e	mployee on		3		Х
4 For any individual listed on line 1a, is the	he sum of reportab	le co							the organization	Ì			
and related organizations greater thanDid any person listed on line 1a receive									idual for senuces	}	4		<u>X</u>
rendered to the organization? If "Yes,"							Cia	ted digamization of indivi	iddai ioi seivices	ļ	5		Х
Section B. Independent Contractors													
Complete this table for your five higher the organization. Report compensation.										ens	ation f	rom	
(A		Cai	Cilai	iig v	VICI	<u> </u>		(B)	, oui		(C	;)	
Name and busi		N	INC	3			_	Description of s	services	C	omper	nsatio	n
				-									
					-								
Total number of independent contract	ors (including but r	ot li	mıte	d to	tho	se li	sted	d above) who received m	nore than			·	
\$100,000 of compensation from the or						0							2014

Pope County Farm Bureau 71-0272931 Page 9 Form 990 (2014) Part VIII 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 Related or Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b b Membership dues 1c c Fundraising events d Related organizations 1d 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 61,793. 61,793. 2 a Membership Dues 110000 Program Service Revenue f All other program service revenue 61,793. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 372. 372. other similar amounts) Income from investment of tax-exempt bond proceeds 4 4,028. 4,028. 5 Royalties (ı) Real (II) Personal 6 a Gross rents 8,400. 0. b Less rental expenses 8,400. c Rental income or (loss) 8,400. 8,400. 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 **Business Code** Miscellaneous Revenue 524298 141,913 141,913. 11 a Insurance Services Fee 900099 ь Miscellaneous d All other revenue

141,936.

e Total, Add lines 11a-11d

Total revenue. See instructions

141,913.

793.

71-0272931 Page 10 Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (D) Fundraising (A) Total expenses (C) Management and Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses generăl expenses expenses Grants and other assistance to domestic organizations 1 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 76,605. Other salaries and wages 7 8 Pension plan accruals and contributions (include 1,436. section 401(k) and 403(b) employer contributions) Other employee benefits 6,529. 10 Payroll taxes Fees for services (non-employees) Management **b** Legal 600. Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 2,418. 12 Advertising and promotion 16,381. 13 Office expenses Information technology 14 15 Royalties 34,057. Occupancy 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 21,213. 19 Conferences, conventions, and meetings 8,341. 20 Interest 21 Payments to affiliates 18,667 22 Depreciation, depletion, and amortization 878. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 1,166. a Youth and Safety ь Miscellaneous 902. c d e All other expenses 189,193. Total functional expenses Add lines 1 through 24e 25 Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined

Check here

educational campaign and fundraising solicitation

if following SOP 98-2 (ASC 958-720)

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part X		· · · · ·	
		•		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		27,011.	1	23,756.
	2	Savings and temporary cash investments		108,069.	2	101,071.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		0.	4	0.
	5	Loans and other receivables from current and for	ormer officers, directors,			_
		trustees, key employees, and highest compensation	ated employees Complete			
		Part II of Schedule L		····	5	
	6	Loans and other receivables from other disquali	fied persons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr)	Complete Part II of Sch L		6_	
Assets	7	Notes and loans receivable, net			7	
∢	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other			İ	
		basis Complete Part VI of Schedule D	10a 930,972.			
	ь	Less accumulated depreciation	10ь 204,556.	735,014.	10c	726,416.
	11	Investments - publicly traded securities	<u> </u>		11	
	12	Investments - other securities See Part IV, line 1	1		12	
	13	Investments - program-related See Part IV, line	11		13	
	14	Intangible assets	<u> </u>		14	
	15	Other assets. See Part IV, line 11	-		15	
	16	Total assets, Add lines 1 through 15 (must equ	870,094.	16	<u>851,243.</u>	
	17	Accounts payable and accrued expenses	2,035.	17	1,538.	
	18	Grants payable	<u> </u>	10 575	18	10 544
	19	Deferred revenue	<u> </u>	18,575.	19	18,544.
	20	Tax-exempt bond liabilities	<u>-</u>		20	
	21	Escrow or custodial account liability Complete I	T T		21	
Liabilitres	22	Loans and other payables to current and former				
Ĭ		key employees, highest compensated employee	es, and disqualified persons		00	
Lia		Complete Part II of Schedule L		237,446.	22	191,787.
	23	Secured mortgages and notes payable to unrela	· .	237,440.	24	191,101.
	24	Unsecured notes and loans payable to unrelate	r		-24	
	25	Other liabilities (including federal income tax, pa parties, and other liabilities not included on lines				
		Schedule D	17-24) Complete Falt X of		25	
	26	Total liabilities. Add lines 17 through 25	F	258,056.	26	211,869.
	20_	Organizations that follow SFAS 117 (ASC 958), check here	230,0301	20	
v)	complete lines 27 through 29, and lines 33 an	l			
ဥ	27	Unrestricted net assets	334.		27	
alar	28	Temporarily restricted net assets		28		
Ö	29	Permanently restricted net assets		29		
Š		Organizations that do not follow SFAS 117 (A	SC 958), check here ▶ 🗶		-	
or F		and complete lines 30 through 34.				
its (30	Capital stock or trust principal, or current funds		0.	30	0.
sse	31	Paid-in or capital surplus, or land, building, or ed	upment fund	0.	31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	ſ	612,038.	32	639,374.
ž	33	Total net assets or fund balances		612,038.	33	639,374.
	34	Total liabilities and net assets/fund balances		870,094.	34	851,243.
			·			Form 990 (2014)

orm	990 (2014) Pope County Farm Bureau	/1-02/	293I	Page 12
	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		,529.
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>,193.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	27	,336.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	612	,038.
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>639</u>	<u>,374.</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	Ο.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,		
	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 audıt,		
	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 Audıt		1
	Act and OMB Circular A-133?		3a	X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		_ 3b	200 (22)
			Form	990 (2014)

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

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.lrs.gov/form990.

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) organization 	ions Complete Part III			
Name of organization			Emplo	oyer identification number
Pope Cor	inty Farm Bureau			71-0272931
Part I-A Complete if the org	anization is exempt und	er section 501(c)	or is a section 527 or	rganization.
1 Provide a description of the organiza2 Political expenditures3 Volunteer hours	ation's direct and indirect politica	al campaign activities	_	
Part I-B Complete if the org	anization is exempt und	er section 501(c)	(3).	
1 Enter the amount of any excise tax i			▶\$	
2 Enter the amount of any excise tax i			5 ▶\$	
3 If the organization incurred a section				Yes No
4a Was a correction made?	,	•		Yes No
b If "Yes," describe in Part IV				
Part I-C Complete if the org	anization is exempt und	er section 501(c)	, except section 501(c)(3).
1 Enter the amount directly expended	by the filing organization for sec	tion 527 exempt fund	ction activities > \$	
2 Enter the amount of the filing organi	zation's funds contributed to oth	ner organizations for s	ection 527	
exempt function activities			▶\$	
3 Total exempt function expenditures	Add lines 1 and 2. Enter here a	nd on Form 1120-POL	-,	
line 17b			▶\$	
4 Did the filing organization file Form	<u> </u>			Yes No
5 Enter the names, addresses and emmade payments. For each organizat contributions received that were propolitical action committee (PAC). If a political action committee (PAC).	ion listed, enter the amount paid imptly and directly delivered to a	l from the filing organi separate political org	zation's funds Also enter th ganization, such as a separa	e amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
(a) Namo	(5) / 1551-555	(6) =	filing organization's funds if none, enter -0-	contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
	ı			

Schedule C (Form 990 or 990-EZ) 2014 I	ope Count	y Farm Burea	1U 501(0)(2) and file	/ <u> </u>	OZ/Z931 Page 2
Part II-A Complete if the organization 501/h)	anization is exe	mpt under section	in our (c)(o) and file	su FUIII 3/08 (election under
section 501(h)).		Elizabeth manner (constitute	- Doubliv and affiliated		me address CIN
	-		n Part IV each affiliated	group member's nai	me, address, EIN,
expenses, and share	, -	•			
	s on Lobbying Exp	and "limited control" pri enditures	ovisions apply	(a) Filing	(b) Affiliated group totals
		unts paid or incurred	.)	organization's totals	totals
1a Total lobbying expenditures to influ	•		}		
b Total lobbying expenditures to influ	-	bay (airect lobbying)	}		
c Total lobbying expenditures (add lir			-		-
d Other exempt purpose expenditure		١١.	<u> </u>		
e Total exempt purpose expenditures	•		*		
f Lobbying nontaxable amount Ente	1 -				
If the amount on line 1e, column (a) or		bbying nontaxable am			
Not over \$500,000		f the amount on line 1e			
Over \$500,000 but not over \$1,000		000 plus 15% of the ex			
Over \$1,000,000 but not over \$1,50		000 plus 10% of the ex			
Over \$1,500,000 but not over \$17,0		000 plus 5% of the exce	ess over \$1,500,000		
Over \$17,000,000	\$1,000	0,000			
	050/ -61 40				
g Grassroots nontaxable amount (ent	•		-	<u></u>	
h Subtract line 1g from line 1a If zero			-	 	
i Subtract line 1f from line 1c If zero	="	r line 1, did the ereen:	L rotion file Form 4720		
j If there is an amount other than zer		r line 11, did the organiz	ation tile Form 4720		Yes No
reporting section 4911 tax for this y		veraging Period Under	r section 501/h)		Tes NO
(Some organizations th	at made a section		have to complete all c	of the five columns	below.
	Lobbying Expe	enditures During 4-Ye	ar Averaging Period		
Calendar year	4 > 0044	#1,0040	4-) 0010	4-1) 0014	(a) Total
(or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
		 	ļ -		
2a Lobbying nontaxable amount		1			
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					<u> </u>
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2014 Pope County Farm Bureau 71-0272931 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)).

1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total Add lines 1c through 1i	98	No	Amo	ount
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities?				
or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities?				
a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities?				
c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities?				
d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities?				
e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities?				
e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities?				
g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities?				
i Other activities?				
	J	Ī		
j Total Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section 50	1(c)(5	i), 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?		3		X
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).				
a Current year		2a		
·		2b	<u> </u>	
b Carryover from last year c Total		2b		
b Carryover from last year				
b Carryover from last yearc Total		2b 2c		
 b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess 	I	2b 2c		
 b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 	I	2b 2c 3		
 b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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 	I	2b 2c		

SCHEDULE D

(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	Pope County Farm B	ureau	71-0272931
Pa		ed Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
5	are the organization's property, subject to the organization's	-	Yes No
6	Did the organization inform all grantees, donors, and donor a		
6	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?	or donor advisor, or for any other purpose co	Yes No
Pai		ganization answered "Ves" to Form 990. Part	
1	Purpose(s) of conservation easements held by the organizat	~~~	cally important land area
	Preservation of land for public use (e.g., recreation or	Preservation of a certifie	
	Protection of natural habitat		a historic structure
_	Preservation of open space		a consequence consequent on the last
2	Complete lines 2a through 2d if the organization held a quali	med 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
	Total accept as of a construction acceptants		
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	musture unalluded un (o)	2b
C	Number of conservation easements on a certified historic st	` '	2c
d	Number of conservation easements included in (c) acquired	after 6/17/06, and not on a historic structure	l l
_	listed in the National Register Number of conservation easements modified, transferred, re	deeped puting uphed or terminated by the o	2d
3		eleased, extinguished, or terminated by the or	rganization during the tax
	Number of states where proporty subject to consequation of	enoment is located	
4	Number of states where property subject to conservation ea Does the organization have a written policy regarding the pe		
5			Yes No
_	violations, and enforcement of the conservation easements Staff and volunteer hours devoted to monitoring, inspecting		— · · · · — · · ·
6	Amount of expenses incurred in monitoring, inspecting, and		
7			
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(ii)	Yes No
	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservat	ion assements in its revenue and expense st	
9	include, if applicable, the text of the footnote to the organization		
		tion's infancial statements that describes the	s organization s accounting to
Pai	conservation easements rt III Organizations Maintaining Collections o	of Art. Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" to Form		
	If the organization elected, as permitted under SFAS 116 (A)		nt and halance sheet works of art
ıa	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descri		o or public corrido, provido, in a crain,
_	If the organization elected, as permitted under SFAS 116 (A)		nd halance sheet works of art, historical
b	treasures, or other similar assets held for public exhibition, e		
		education, or research in furtherance or 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	and the second section of the second sections and a	
2	If the organization received or held works of art, historical tre		an, provide
	the following amounts required to be reported under SFAS 1	Lip (490 app) reisting to these items.	, • •
а	Revenue included in Form 990, Part VIII, line 1		S
h	Assets included in Form 990. Part X		- Ψ

		unty Farm		·			272931 Page 2
Pa	rt III Organizations Maintaining C	Collections of A	rt, Historical	Treasures, c	or Other	Similar Ass	ets(continued)
3	Using the organization's acquisition, access (check all that apply)	on, and other record	ds, check any of	the following tha	t are a sign	ificant use of its	s collection items
а	Public exhibition	c	Loan or	exchange progra	ams		
b	Scholarly research	e	Other				
С	Preservation for future generations						
4	Provide a description of the organization's c	ollections and explai	in how they furth	er the organization	on's exemp	t purpose in Pa	ırt XIII
5	During the year, did the organization solicit of	r receive donations	of art, historical t	reasures, or othe	er sımılar as	sets	
	to be sold to raise funds rather than to be m	aintained as part of t	the organization's	s collection?			Yes No
Pai	rt IV Escrow and Custodial Arran	gements. Comple	ete if the organiza	ation answered "	'Yes" to Fo	rm 990, Part IV,	line 9, or
	reported an amount on Form 990, Pa	rt X, line 21					
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contribu	tions or other as	sets not inc	cluded	
	on Form 990, Part X?						Yes No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table				
							Amount
С	Beginning balance					1c	
d	Additions during the year					1d	
е	Distributions during the year					1e	
f	Ending balance					1f	
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow o	r custodial acco	unt liability	?	Yes No
<u>b</u>	If "Yes," explain the arrangement in Part XIII	Check here if the ex	xplanation has be	en provided in F	Part XIII		
Pai	t V Endowment Funds. Complete	f the organization an	swered "Yes" to	Form 990, Part	IV, line 10		
		(a) Current year	(b) Prior year	(c) Two year	s back (d)	Three years back	(e) Four years back
1a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains, and losses						
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs						
f	Administrative expenses						ļ
g	End of year balance						<u> </u>
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, colum	n (a)) held as			
а	Board designated or quasi-endowment		_%				
b	Permanent endowment >	%					
C	Temporarily restricted endowment ▶	%					
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%					
За	Are there endowment funds not in the posse	ssion of the organiz	ation that are hel	d and administer	red for the	organization	
	pà.						Yes No
	(i) unrelated organizations						3a(i)
	(II) related organizations						3a(ir)
b	If "Yes" to 3a(II), are the related organizations						3b
4	Describe in Part XIII the intended uses of the		owment funds				
Pai	t VI Land, Buildings, and Equipm				_		
	Complete if the organization answere						
	Description of property	(a) Cost or o	, , ,	ost or other		mulated	(d) Book value
		basis (investr		sis (other)	depre	ciation	052 055
	Land			253,257.	4.4	2 122	253,257.
	Buildings			566,273.	13	2,130.	434,143.
	Leasehold improvements			67.060		0 220	0 630
	Equipment	<u> </u>		67,968.		8,330.	9,638.
	Other (C)	15	V	43,474.	1	4,096.	29,378. 726,416.
I OTA	l. Add lines 1a through 1e. (Column (d) must e	qual Form 990. Part	x. column (B). lift	e luci			740.410.

Pope	County	Farm	Bureau
			Dur Cui

(a) Description of security of category including name of security (b) Book value (c) Method of valuation. Cost or end-of-year market value (f) Financial deviations (c) Form 990, Part X, Ine 13 (c) Chief (d) (d) (d) (e) (e) (f) (e) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	Complete if the organization answered "Yes	to Form 990, Part IV, line			
(2) Closely-held equity interests	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	iluation Cost or er	nd-of-year market value
(3) Other (4) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	(1) Financial derivatives				
A	(2) Closely-held equity interests				
(B) (CO) ((3) Other				
C C C C C C C C	(A)				
(B) (F) (G) (F) (G) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(B)				
(E) (F)	(C)				
F	(D)				
(G)	(E)	<u> </u>			
Cold. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	(F)				
Total Colo, (b) must equal Form 990, Part X, col (8) line 12,)	(G)				
Investments - Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13 (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1)	(H)				
Complete of the organization answered "Yes" to Form 990, Part IV, line 11c See Form 990, Part X, line 13		<u> </u>	<u></u>		
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1)	Part VIII Investments - Program Related.				
(1) (2) (3) (4) (5) (6) (7) (8) (9) (9) Total (Col. (b) must equal form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15 (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (1) Federal income taxes (2) (3) (4) (5) (6) (6) (7) (9) (9) (9) (1) Federal income taxes (2) (3) (4) (5) (6) (6) (7) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Complete if the organization answered "Yes	to Form 990, Part IV, line			
(2) (3) (4) (5) (6) (7) (8) (9) (9) (1014 (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15 (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. Complete if ronganization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	(a) Description of investment	(b) Book value	(c) Method of va	luation: Cost or er	nd-of-year market value
(6) (6) (7) (8) (9) must equal Form 990, Part X, col. (8) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15 (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	(1)				
(4) (5) (6) (7) (8) (9) Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part XX Other Assets. Complete if the organization answered "Yes" to Form 990, Part N, line 11d See Form 990, Part X, line 15 (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	(2)				
(5) (6) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (1) (1) (2) (3) (4) (5) (6) (9) (9) (9) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	(3)				
(6) (7) (8) (9) Total (CoL (b) must equal Form 990, Part X, col. (8) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15 (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total, (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9)	(4)				
(7) (8) (9) Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. (a) Description (b) Book value	(5)				
(8) (9) (10tal (Col. (b) must equal Form 990, Part X, col. (8) line 13.) ▶ Part IX Other Assets.	(6)				
Solid Col. (b) must equal Form 990, Part X, col. (8) line 13.) Part XX Other Assets.	(7)				
Total (Col. (b) must equal Form 990, Part X, col. (8) line 13.) ▶	(8)				
Part IX	(9)				
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes'		11d See Form 990, P	art X, line 15	(b) Book value
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	(1)				
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	(2)				
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	(3)			·	
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	(4)				
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	(5)				
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	(6)				
(9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	(7)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	(8)	<u> </u>			
Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 Complete if the organization answered "Yes" to Form 990, Part X, line 25 Complete if the organization answered "Yes" to Form 990, Part X, line 25 Complete if the organization answered "Yes" to Form 990, Part X, line 25 Complete if the organization answered "Yes" to Form 990, Part X, line 25 Complete if the organization answered "Yes" to Form 990, Part X, line 25 Complete if the organization answered "Yes" to Form 990, Pa	(9)	-0- <u>-</u>			
Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)		ne 15.)			•
1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	Part X Other Liabilities.				
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)				990, Part X, line 25	5
(2) (3) (4) (5) (6) (7) (8) (9)	1. (a) Description of liability		(b) Book value		
(3) (4) (5) (6) (7) (8) (9)	(1) Federal income taxes				
(4) (5) (6) (7) (8) (9)	(2)				
(5) (6) (7) (8) (9)	(3)				
(6) (7) (8) (9)	(4)				
(7) (8) (9)	(5)				
(8) (9)					
(9)	(7)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	(9)				
	Fotal. (Column (b) must equal Form 990, Part X, col (B) lin	ie 25)			

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.

<u> Schedule D (Form 990</u>	<u>)2014 </u>	reau	<u> 71-0272931 r</u>	Page 4
Part XI Recond	ciliation of Revenue per Audited Financ	ial Statements With Revenu	e per Return.	
Complete	e if the organization answered "Yes" to Form 990, Pa	art IV, line 12a.		
1 Total revenue, g	ains, and other support per audited financial statem	ents	1	
2 Amounts include	ed on line 1 but not on Form 990, Part VIII, line 12	1 1		
a Net unrealized g	ains (losses) on investments	2a		
b Donated service	s and use of facilities	2b		
c Recoveries of pr		2c		
d Other (Describe				
e Add lines 2a thro	_		2e	
3 Subtract line 2e			3	
	ed on Form 990, Part VIII, line 12, but not on line 1	1.1		
	enses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe		4b		
c Add lines 4a and			4c	
	<u>dd lines 3 and 4c. (This must equal Form 990, Part I,</u> ciliation of Expenses per Audited Financ		5 See per Return	
		·	es per neturn.	
	e if the organization answered "Yes" to Form 990, Pa	irt IV, iirie 12a		
<u>-</u> '	and losses per audited financial statements		1	
	ed on line 1 but not on Form 990, Part IX, line 25 s and use of facilities	2a		
	,	2b		
A., .	ments	2c		
c Other lossesd Other (Describe)	in Part VIII \	2d		
e Add lines 2a thro	•	20	2e	
3 Subtract line 2e			3	
	ed on Form 990, Part IX, line 25, but not on line 1		<u> </u>	
	enses not included on Form 990, Part VIII, line 7b	4a	1 1	
b Other (Describe		4b		
c Add lines 4a and	·		4c	
	Add lines 3 and 4c. (This must equal Form 990, Part	I. line 18)	5	
	mental Information.		<u> </u>	
	ns required for Part II, lines 3, 5, and 9, Part III, lines lart XII, lines 2d and 4b Also complete this part to pr			
				
				-

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.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Pope County Farm Bureau

Employer identification number 71-0272931

Form 990, Part VI, Section A, line 2:
Jim Bocksnick and Lisa Bocksnick - family relationship
Ida Ruth Jones and Tom Jones - family relationship
T.A. Metz and Charles Metz - 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 reviewed by the Audit Committee, which meets every quarter.
Form 990, Part VI, Section B, Line 12c:
The policy is reviewed annually and the County operates on the honor
system.
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 Pope County Farm Bureau	Employer identification number 71 – 0272931
Form 990, Part VI, Section C, Line 19:	
These documents are not available to the public.	
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