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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)

OMB No 1545-0047

Internal Revenue Service

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

Open to Public

Inspection ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. and ending OCT 31, 2015 For the 2014 calendar year, or tax year beginning NOV 1, 2014 C Name of organization D Employer identification number Check if Address Ichange Conway County Farm Bureau Name change 71-0281591 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number]Final return/ 501-354-0101 P.O. Box 648 terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return Morrilton, AR 72110 H(a) Is this a group return Applica-F Name and address of principal officer Bart Stobaugh Yes X No for subordinates? pending same as C above H(b) Are all subordinates included? Yes No 4947(a)(1) or If "No," attach a list (see instructions) J Website: ▶ www.arfb.com/conway H(c) Group exemption number ▶ K Form of organization: X Corporation Other > Association Year of formation: 1966 M State of legal domicile: AR Part I Summary Briefly describe the organization's mission or most significant activities Agricultural Promotion Activities & Governance Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 41 6 Total number of volunteers (estimate if necessary) 123,959. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a -28,418. 7b b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 0 0. Contributions and grants (Part VIII, line 1h) Revenue 46,025. 45,704. 9 Program service revenue (Part VIII, line 2g) 798. 779 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 194,221 166,030. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 241,025. 212,532. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,000 575 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 102,660 98,263. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 103,536. 109,650 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <u>213,310.</u> <u>202,374.</u> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 10,158. 27,715 Revenue less expenses Subtract line 18 from line 12 **Beginning of Current Year End of Year** 472,358 482,657. Total assets (Part X, line 16) ,127 21,268. 21 Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is 😇 true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Lut Sign Here Type or print name and title PTIN Check Print/Type preparer's name Preparer's signature 512 Paid Sherry Chesser, CPA P00174819 Firm's name Thomas & Thomas 71-0271741 Firms EIN Preparer LLPUse Only Suite Firm's address 201 E. Markham, Little Rock, AR 72201 X Yes May the IRS discuss this return with the preparer shown above? (see instructions) Form 990 (2014) LHA For Paperwork Reduction Act Notice, see the separate instructions

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Form	990 (2814) Conway County Farm Bureau	/1-0281591 Page 2
Pai	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission.	
	Agricultural Promotion	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	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	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses, and
	revenue, if any, for each program service reported	
4a	(Code) (Expenses \$	
	County Farm Bureau work is general in nature, helping fa	ord cocial
	achieve educational improvements, economic opportunity,	and social
	advancement.	
4b	(Code) (Expenses \$	e \$)
4c	10	ne \$)
40	(Code) (Expenses \$	63/
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$	
<u>4e</u>	Total program service expenses	Form 990 (2014)
		Form 330 (2014)

تتت				_
			Yes	<u>No</u>
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			,,,
_	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			l
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		٠,,
_	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		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
•	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			3,7
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15_		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	46		X
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
•	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L
		C	aga.	(2014)

Part IV Checklist of Required Schedules (continued) Yes No 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 Х Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 X 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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 X 23 Schedule J 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 Х 24a Schedule K. If "No", go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d 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 25b Schedule L. Part I 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," 26 X complete Schedule L. Part II 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 Х of any of these persons? If "Yes," complete Schedule L, Part III 27 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) X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a Х A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c 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 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? Х If "Yes," complete Schedule N. Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Х Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 Part V. line 1 Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 35b within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 Х and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38

Note. All Form 990 filers are required to complete Schedule O

Form	990 (2014) Conway County Farm Bureau 71-0281	591	Р	age 5
Par				
<u> </u>	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
•	(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 2a 5			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
35	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
44	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
_	If "Yes," enter the name of the foreign country.			
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
- -	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
_	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
b		5c		
-	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		
oa		6a		x
	any contributions that were not tax deductible as charitable contributions?	Ua		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	66		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7.0		
	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		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.		
	to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	- -		
_	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?	7f		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	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			ļ
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	_	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.			
a	Initiation fees and capital contributions included on Part VIII, line 12		Į	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	}		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>		-
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		-
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	Ì		
C	Enter the amount of reserves on hand		 -	17
14a		14a	 	X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	(2014)

Par	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions	"No" r	espon	se
				X
Sac	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management			<u>سی</u>
<u>Jec</u>	tion A. Governing body and Management		Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year 22			1.10
	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.			
ь	Enter the number of voting members included in line 1a, above, who are independent 1b 22			
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	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5_		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	<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b_	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	_X	
b	Each committee with authority to act on behalf of the governing body?	8b_	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
C	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		V	
100	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		
b	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		ĺ
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
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a		12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	X	<u></u>
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	<u>X</u>	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
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)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			٠,,
	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	401		
500	exempt status with respect to such arrangements?	16b		<u></u>
	List the states with which a copy of this Form 990 is required to be filed None			
17 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	vailah		
.5	for public inspection. Indicate how you made these available. Check all that apply	· · unau		
	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	finan	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 - 501-354-0101			
	P.O. Box 648, Morrilton, AR 72110			

Earm	COO	(2014)	

Conway County Farm Bureau

71-0281591

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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

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)	(B)			((C)	-	-	(D)	(E)	(F)
Name and Title	Average	, da		Pos	ition	than	000	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	th an	compensation	compensation	amount of
	week	<u> </u>	ceran	nd a d	irecto	or/trus	stee)	- IIOIII	from related	other
	(list any	Individual trustee or director				,		the	organizations	compensation
	hours for related	P o	ᆲ			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	1 trus		e e	mpen		(44-27 1099-141130)		and related
	below	dua	Institutional trustee	_	Key employee	st co				organizations
	line)	Indiv	Instit	Officer	Ke	Highest compensated employee	Former			J
(1) Bart Stobaugh	0.50									
President		X		X				0.	0.	0.
(2) Johnny Hoyt	0.50									
Vice President		X		X	<u></u> .		L	0.	0.	0.
(3) Rocky Vess	0.50									
Secretary/Treasurer		X		X			L	0.	0.	0.
(4) Gary Kaufman	0.50									
Member		X					<u> </u>	0.	0.	0.
(5) Harry Caldwell	0.50									
Member		Х				<u> </u>	<u> </u>	0.	0.	0.
(6) Hall Calhoun	0.50								_	_
Member		X					<u> </u>	0.	0.	0.
(7) Robert Carruthers	0.50						1			_
Member		X	_			<u> </u>	 	0.	0.	0.
(8) Kirk Price	0.50									
Member		X					<u> </u>	0.	0.	0.
(9) Scott McKennon	0.50									•
Member		X	_			 	├	0.	0.	0.
(10) Charles Gray	0.50									•
Member	0.50	X	<u> </u>			-	├	0.	0.	0.
(11) William Gray	0.50		ŀ				1			0
Member	0.50	Х				-	┝╌	0.	0.	0.
(12) David Gregory	0.50	,,							•	0
Member		Х				├	┝	0.	0.	0.
(13) Brandon Zinser	0.50	x	i		ĺ	ĺ		0.	0.	0.
Member	0.50	^_	_			_	├	·		
(14) Randy Hayes Member	0.50	x	i					0.	0.	0.
	0.50	^		\vdash			 	- 0.		
(15) Jerry Scroggins Member	0.50	x	,				ļ	0.	0.	0.
(16) William Martin	0.50	-				\vdash	\vdash			<u></u>
Member		\mathbf{x}_{\perp}						0.	0.	0.
(17) John Maus	0.50	<u> </u>								
Member		x						0.	0.	0.
432007 11-07-14										Form 990 (2014)

Section A. Officers, Directors, Tru		pioy	<u>ees</u>			gne	St C			1	(E)	
(A) Name and title	(B) Average hours per week	Kod	, unle	Posi heck in ss per nd a di	ntion more	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	1	(F) Estimate amount of	_
	(list any hours for related organizations below	stee or director	Institutional frustee		Кеу етріоуее	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	o a	other mpensa from the rganizati and relati ganizatio	ed
	line)	Indiv	Instit	Officer	Key e	Highe	Former					
(18) Nick Moore Member	0.50	x						0.	0			0.
(19) Barry Stobaugh	0.50	↓						0.	0			0.
Member (20) Robert Stobaugh	0.50	X				ļ 		0.	0			0.
Member (21) Member Thomas	0.50	╇	1			+				•		
(21) Tommy Thompson Member	0.30	\mathbf{x}						0.	0			0.
(22) Randy Voss	0.50											
Member		X	-		_			0.	0	•		0.
							-					
			<u> </u>									
1b Sub-total			<u>.</u>	<u></u>				0.	0	+		0.
c Total from continuation sheets to Part \	/II. Section A							0.	0	_		0.
d Total (add lines 1b and 1c)	,						>	0.	0			0.
Total number of individuals (including but compensation from the organization	not limited to ti	hose	e liste	ed al	bov	e) wl	ho r	eceived more than \$100	0,000 of reportable		· · ·	
										_	Yes	No
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for	such individual	1								3		х
4 For any individual listed on line 1a, is the sand related organizations greater than \$15									the organization	4		X
5 Did any person listed on line 1a receive or							relat	ted organization or indiv	idual for services	5		X
rendered to the organization? If "Yes," con Section B. Independent Contractors	mpiete Scheau	ie J	ior s	ucn	per	son				5	<u> </u>	
Complete this table for your five highest or										satio	n from	
the organization Report compensation fo	r the calendar y	year	end	ıng v	vith	or w	ıthır/		year		(0)	
(A) Name and busines	s address	N	ON:	E				(B) Description of	services		(C) pensatio	n
		-	-									
				•								
								-		-		
2 Total number of independent contractors		not I	ımıte	d to		_	stec	d above) who received r	nore than			•
\$100,000 of compensation from the organ	iization 📂					0				For	m 990 (2014

71-02815<u>9</u>1 Page 9 Form 990 (2014) Conway County Farm Bureau Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (C) Related or Unrelated Total revenue business exempt function revenue revenue Gifts, Grants ilar Amounts 1 a Federated campaigns 1b b Membership dues c Fundraising events 1c 1d d Related organizations Contributions, (and Other Simil 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** 45,704. 2 a Membership Dues 110000 45,704. Program Service Revenue f All other program service revenue 45,704. g Total, Add lines 2a-2f Investment income (including dividends, interest, and 798. 798. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 2,601. 2,601. Royalties (ı) Real (II) Personal 39,470. 6 a Gross rents b Less. rental expenses 0. 39,470 c Rental income or (loss) 39,470. 39,470. 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 \$ __ 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**

123,959.

123,959.

524298

11 a Insurance Service Fees

d All other revenue

e Total. Add lines 11a-11d

Total revenue See instructions.

123,959.

45,704. 123,959.

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

Section	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons			omplete column (A)	
Da -	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	Bb, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	575.			
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	<u></u>			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members		<u></u>		
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)				· · · · · · · · · · · · · · · · · · ·
7	Other salaries and wages	87,822.			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	3,195.			
9	Other employee benefits				
10	Payroll taxes	7,246.			
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	600.			
d	Lobbying				
е	Professional fundraising services See Part IV, line 17			_	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	6,837.			
13	Office expenses	17,849.			
14	Information technology				
15	Royalties				· · · · · · · · · · · · · · · · · · ·
16	Occupancy	30,686.			
17	Travel				
18	Payments of travel or entertainment expenses				:
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	19,393.			<u></u>
20	Interest				·
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	16,890.			
23	Insurance	741.			
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 O.)			·	
а	Youth and Safety	10,540.			
b					
С					
d					-
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	202,374.		<u> </u>	
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here If following SOP 98-2 (ASC 958-720)			L	

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 1 Cash - non-interest-bearing 266,583. 241,546. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 652. 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 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 Assets 7 Notes and loans receivable, net 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 564,987. basis Complete Part VI of Schedule D 10a 349,575. 230,802. 215,412. b Less. accumulated depreciation 10b 10c 11 11 Investments - publicly traded securities 12 12 Investments - other securities See Part IV, line 11 Investments - program-related See Part IV, line 11 13 13 14 14 Intangible assets 10. 10. 15 Other assets See Part IV, line 11 15 358 482,657. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 2,324. 17 17 Accounts payable and accrued expenses 18 Grants payable 18 18,803. 19,139. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 Liabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 21,127. 268. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 0. Paid-in or capital surplus, or land, building, or equipment fund 31 31 461,389. <u>451,231.</u> 32 32 Retained earnings, endowment, accumulated income, or other funds 461,389. 451,231. 33 Total net assets or fund balances 33 472,358. 482,657. 34 Total liabilities and net assets/fund balances

	990 (2014) Conway County Farm Bureau	<u>71-02</u>	<u>81591 </u>	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>32.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>74.</u>
3	Revenue less expenses Subtract line 2 from line 1	3			<u>58.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	451	<u>.,2</u>	<u>31.</u>
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			<u>0.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	461	L,3	<u>89.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				لــــــــــــــــــــــــــــــــــــــ
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		_ <u>X</u> _
	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 audit,			
	Check if Schedule O contains a response or note to any line in this Part XI Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 2 from line 1 3 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Pror period adjustments Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 IN IN IN INTERIOR STATEMENTS AND STATEMENTS ACCIVATED TO THE PART XIII Accounting method used to prepare the Form 990 Cash X Accivated Other, explain in Schedule O Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis.		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
			3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2014)

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

	, (555 55) a. 2.5				
	Section 501(c)(4), (5), or (6) organizat	ions Complete Part III.			
Nar	ne of organization			Empl	oyer identification number
	Conway	<u>County Farm Bure</u>	au		71-0281591
Pa	art I-A Complete if the org	anization is exempt und	ler section 501(c)	or is a section 527 o	rganization.
2	Provide a description of the organiz Political expenditures Volunteer hours	ation's direct and indirect politic	cal campaign activities i	n Part IV ▶\$	
Pá	art I-B Complete if the org	anization is exempt und	ler section 501(c)	(3).	
	Enter the amount of any excise tax				
	·	• •			
	Enter the amount of any excise tax If the organization incurred a section	• •		•	Yes No
	•	14933 tax, did it life Form 4720	ioi tilis year?		Yes No
	Was a correction made?				res NO
	o If "Yes," describe in Part IV art I-C Complete if the org	anization is exempt und	ler section 501(c)	except section 501/	c)(3)
Щ.	· · · · · · · · · · · · · · · · · · ·				
2	Enter the amount directly expended Enter the amount of the filing organi exempt function activities Total exempt function expenditures	zation's funds contributed to of	her organizations for se	ection 527 ►\$	
	line 17b			▶ \$	
	Did the filing organization file Form Enter the names, addresses and en made payments For each organizati contributions received that were pro political action committee (PAC) If a	nployer identification number (Eltion listed, enter the amount pai comptly and directly delivered to	d from the filing organia a separate political org	olitical organizations to whic zation's funds Also enter th anization, such as a separa	Yes No h the filing organization he amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Schedule C (Form 990 or 990-EZ) 2014 Part II-A Complete if the org	Conway Cour	nty Farm Bur	reau	71-(0281591 Page 2
section 501(h)).	jailization is exe	mpt under secut	on so negative	sa Politi 3700 (election under
	tion belongs to an af	filiated group (and list i	n Part IV each affiliated (group member's nar	ne, address, EIN.
_	re of excess lobbying			9 . 7	-,,,
		and "limited control" pr	ovisions apply		
Limi	ts on Lobbying Expe	· · · · · · · · · · · · · · · · · · ·		(a) Filing organization's	(b) Affiliated group totals
	· · · · · · · · · · · · · · · · · · ·		·	totals	ļ <u>-</u> -
1a Total lobbying expenditures to infli	, ,		-		
b Total lobbying expenditures to infli	•	dy (direct lobbying)			
c Total lobbying expenditures (add l	•				
d Other exempt purpose expenditure	es		<u> </u>		
e Total exempt purpose expenditure	s (add lines 1c and 1	d)	1		
f Lobbying nontaxable amount Enter		ne following table in bo	th columns		ļ
If the amount on line 1e, column (a) o	r (b) is: The lo	bbying nontaxable an	nount is:		
Not over \$500,000	20% o	the amount on line 1e			
Over \$500,000 but not over \$1,000	0,000 \$100,0	00 plus 15% of the ex	cess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000 \$175,0	00 plus 10% of the ex	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	,000,000 \$225,0	00 plus 5% of the exce	ess over \$1,500,000		
Over \$17,000,000	\$1,000	,000			
				<u></u>	
g Grassroots nontaxable amount (er	•		<u> </u>		
h Subtract line 1g from line 1a. If zer			_		
Subtract line 1f from line 1c If zero	•		L		
j If there is an amount other than ze	ro on either line 1h oi	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this					Yes No
(Some organizations the	hat made a section	reraging Period Unde 501(h) election do not rate instructions for li	have to complete all o	f the five columns l	below.
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))	·····				
c Total lobbying expenditures					
d Grandrada postevable assessed					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990 EZ) 2014 Conway County Farm Bureau 71-0281591 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)).

	ch "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description lobbying activity)	(b	<u>)</u>
of th	e lobbying activity	Yes	No	Amo	ount
1 a	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 Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
_	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
j	Total Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	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), section 501(c)(6).	on 501(c)((5), or se	ction	
				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
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4)				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	I "No," OF	(b) Pan		ie 3, is
1	Dues, assessments and similar amounts from members		_1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	ical			
	expenses for which the section 527(f) tax was paid).				
	Current year		2a		
	Carryover from last year		<u>2b</u>		
	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-				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?	political	4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
	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-	A. lines 1 a	and 2 (see	
	uctions), and Part II-B, line 1. Also, complete this part for any additional information	F	,		
	,				
					_
					. <u>— — — — — — — — — — — — — — — — — — —</u>

SCHEDULE D

Department of the Treasury

(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.

Internal Revenue Service

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

OMB No. 1545-0047 Inspection Yes Yes

Employer identification number Name of the organization 71-0281591 Conway County Farm Bureau Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I 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) Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 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 Total number of conservation easements 2a 2b Total acreage restricted by conservation easements 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 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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 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

		County Far							81591	Page 2
Par										
3	Using the organization's acquisition, accessi	on, and other record	is, checl	k any of the	following tha	t are a s	ignificant	use of its	collection i	tems
	(check all that apply)									
а	Public exhibition	c	, <u> </u>	Loan or exc	hange progra	ams				
b	Scholarly research	e	. []	Other						
C	Preservation for future generations									
4	Provide a description of the organization's co							ose in Par	t XIII	
5	During the year, did the organization solicit of					er sımıla	r assets		_	
	to be sold to raise funds rather than to be m								Yes	No
Par	t IV Escrow and Custodial Arran	•	ete if the	organizatio	n answered '	"Yes" to	Form 99	D, Part IV,	line 9, or	
	reported an amount on Form 990, Pa								_	
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	is or other as	sets not	included		-	
	on Form 990, Part X?							L	_ Yes	∐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table.						
									Amount	
С	Beginning balance						1c	<u> </u>		
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f	<u> </u>		
	Did the organization include an amount on F						lity?		Yes	⊢ No
	If "Yes," explain the arrangement in Part XIII								- 	<u> </u>
Par	t V Endowment Funds. Complete								1	
		(a) Current year	(b) P	rior year	(c) Two year	rs back	(d) Inree	years back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions		<u> </u>							
C	Net investment earnings, gains, and losses									
ď	Grants or scholarships					-				
е	Other expenditures for facilities					[
	and programs									
Ť	Administrative expenses									
g	End of year balance		 		-\\ hald aa	1	· · · · · ·			
2	Provide the estimated percentage of the cur	rent year end baland	•	g, column (a	a)) neid as					
	Board designated or quasi-endowment									
b	Permanent endowment %									
С	The percentages in lines 2s. 2h and 2s about	%								
0-	The percentages in lines 2a, 2b, and 2c should equal 100%.									
Sa	Are there endowment funds not in the possession of the organization that are held and administered for the organization									
	by Yes No (i) unrelated organizations									
	(i) unrelated organizations (ii) related organizations								3a(II)	
ь	If "Yes" to 3a(ii), are the related organization:	s listed as required o	n Sched	tule R?					3b	
4	Describe in Part XIII the intended uses of the	•							<u> </u>	
Par			5111110111	141145	· · · ·		-			
	Complete if the organization answere). Part IV	/. line 11a S	ee Form 990	. Part X.	line 10			
	Description of property	(a) Cost or o			or other		ccumulat	ed	(d) Book	value
		basis (investi		, , ,	(other)	• •	preciation	I .	\/	
1a	Land				5,743.				115	,743.
b	Buildings				6,482.		224,6	23.		,859.
c	Leasehold improvements									
d	Equipment		-	6	9,951.		66,5	47.	3	,404.
_	Other				2,811.		58,4		24	
	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	10c)			. ▶ .	215	,412.

	<u>nty Farm Burea</u>	u	71-0281591 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes			<u> </u>
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost of	or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
<u>(F)</u>			
(G)			
(H)			
Total. (Col (b) must equal Form 990, Part X, col. (B) line 12.)	<u> </u>		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes	" to Form 990, Part IV, line 1	11c. See Form 990, Part X, line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation. Cost of	r end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.	>		
	oll to Form 000 Dort IV line:	11d See Form 000 Bort V line 15	
Complete if the organization answered "Yes	a) Description	11d See Form 990, Part X, line 15	(b) Book value
	1) Description		(5) 50011 14.40
(1)			
(2)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B)	ine 15)		>
Part X Other Liabilities.			
Complete if the organization answered "Yes	s" to Form 990, Part IV, line	11e or 11f See Form 990, Part X, lir	ne 25
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

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

Sched	ule D (Form 990) 2014 Conway County Farm Bureau	1	71-0281591 Page	<u> 4</u>
Part		ments With Reve	enue per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12	?a		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e d	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
	nvestment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII)	4b		
-	Add lines 4a and 4b		4c	—
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	—
Pan	XII Reconciliation of Expenses per Audited Financial State		enses per Heturn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12	2a		
	Total expenses and losses per audited financial statements		1	—
	Amounts included on line 1 but not on Form 990, Part IX, line 25.	1 _ 1		
	Donated services and use of facilities	2a		
	Prior year adjustments	2b		
_	Other losses	2c		
	Other (Describe in Part XIII)	2d		
	Add lines 2a through 2d		2e 3	—
	Subtract line 2e from line 1		3	—
	Amounts included on Form 990, Part IX, line 25, but not on line 1	40		
	nvestment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII)	4a		
	Add lines 4a and 4b	40	10	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		4c 5	—
	XIII Supplemental Information.		1.3	—
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part and 4 and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any a			
				
	,			_

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.

Conway County Farm Bureau

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

432211 08-27-14

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public

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.irs.gov/form990.

Inspection Employer identification number

71-0281591

Schedule O (Form 990 or 990-EZ) (2014)

Form 990, Part VI, Section A, line 2:
Barry Stobaugh and Robert Stobaugh - family relationship
Barry Stobaugh, Robert Stobaugh and Bart Stobaugh - family and business
relationship
Robert Carruthers and Gary Kaufman - family relationship
Robert Carruthers and John Maus - business 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:
Board President reviews and signs the 990. The county secretary then
reviews and mails it.
Form 990, Part VI, Section B, Line 12c:
Compliance issues are reported at board meetings.
Form 990, Part VI, Section B, Line 15:
The Organization does not have compensated officers or management

Schedule O (Form 990 or 990-EZ) (2014)	Employer identification number
Name of the organization Conway County Farm Bureau	71-0281591
officials.	
Form 990, Part VI, Section C, Line 19:	
These documents are not available to the public.	
	
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