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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

201510

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

Department of the Treasury Internal Revenue Service

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

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

Open to Public inspection

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L Add Interes Sip, 6c, and 7 to 10 line 0 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II). Column (9) below) are \$500,000 or more, the Form 990 instead of Form 990-67. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part II) Check if the organization used Schedule 0 to respond to any question in this Part I 1 Check if the organization used Schedule 0 to respond to any question in this Part I 2 Program service revenue including government fees and control 2 Program service revenue including government fees and control 2 Wenthership dues and assessments 3 3 32,330. Wenthership dues and assessments 3 4 Investimant income See Schedule 0 4 Less: cost or other basis and sales expenses 5a 5 Gross amount from asle of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundralsing events 5c 6 Gross income from fundralsing events (not including \$ 1 Gross income from fundralsing events (not including \$ 2 Gross income from fundralsing events (not including \$ 3 1000 Eless: direct expenses from gaming and fundralsing events (add lines \$a and \$b and subtract line 6c) 5c 6 Gross profit or (loss) from gaming and fundralsing events (add lines \$a and \$b and subtract line 6c) 5c 6 Other revenue (describe in Schedule 0) 5c 8 Other revenue (describe in Schedule 0) 5c 10 Grants and similar amounts paid list in Schedule 0) 5c 10 Grants and similar amounts paid list in Schedule 0) 10 11 Benefits paid to or for members 11 12 76,596. 13 76,596. 14 Occupancy, rent, utilities, and maintenance 5ce Schedule 0 16 15 770.596. 16 770.596. 17 Total revenue. Add lines 10 through 16 18 12,754. 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end of olyear figure reported on prore year's return) 19 2				(1011113	30, 330-12, 01 330-11).
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13 13 14 15 15 16 16 17 18 17 18 18 18 19 19 19 19 19	ģ	12	Salaries, other compensation, and employee benefits	12	
14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 24 243, 048.		13	Professional fees and other payments to independent contractors	13	
15 Printing, publications, postage, and snipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 24 243, 048.	ě	14	Occupancy, rent, utilities, and maintenance See Schedule O	14	
16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 22 243, 048.	ם	15		15	2,464.
17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 17 133, 213. 18 12, 754. 19 230, 294. 20 0ther changes in net assets or fund balances (explain in Schedule 0) 21 243, 048.			Other expenses (describe in Schedule 0) See Schedule 0	16	35,702.
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 243,048.					
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 243, 048.					
21 Net assets or fund balances at end of year. Combine lines 18 through 20	ecs	í			
21 Net assets or fund balances at end of year. Combine lines 18 through 20	ASS I			19	230.294.
21 Net assets or fund balances at end of year. Combine lines 18 through 20	6	20			
	2				
	_HA				

	1990-EZ (2014) Howard County Farm Bureau	<u> </u>		71-6053	309 Page 2	
Part II Balance Sheets (see the instructions for Part II)						
	Check if the organization used Schedule O to res	spond to any question	on in this Part I	l <u></u>	X	
	•		A) Beginning of year		End of year	
22	Cash, savings, and investments		166,981		126,394.	
23	Land and buildings		73,583		124,666.	
24	Other assets (describe in Schedule 0) See Schedule 0	· ···· · · · · · · · · · · · · · · · ·	3,416		5,445.	
25			243,980		256,505.	
26	Total assets Total liabilities (describe in Schedule 0) See Schedule 0		13,686			
	Notes insumes (describe in schedule o) See Scredule o	· ····			13,457.	
27	Net seets or fund balances (line 27 of column (B) must agree with line 21) THE TILL Statement of Program Service Accomplishment		230,294		243,048.	
Fe		•	•		expenses d for section	
	Check if the organization used Schedule O to res		on in this Part II) and 501(c)(4)	
Wha	t is the organization's primary exempt purpose? Agricultural P	romotion		organizai	tions; optional for	
Descr	ibe the organization's program service accomplishments for each of its three largest program (services, as measured by expense	s In a clear and concise	others.)	•	
	er, describe the services provided, the number of persons benefited, and other relevant inform					
28	County Farm Bureau work is general	in nature, he	elping far	m		
	families achieve educational improv	ements, econo	omic			
	opportunity, and social advancement					
	(Grants \$) If this amount includes foreign g			282		
29						
'						
						
	(Grants \$) If this amount includes foreign g			294		
30	j it uits amount includes loreign g	rants, check here				
٠.						
						
						
	(Grants \$) If this amount includes foreign g			30a		
31	Other program services (describe in Schedule O)		•			
	(Grants \$) If this amount includes foreign g	rants, check here	<u></u>	31a		
32	Total program service expenses (add lines 28a through 31a)			▶ 32		
Pa	rt IV List of Officers, Directors, Trustees, and Key E	mployees (list each one e	ven it not compensated .			
Pa	rt IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res	mployees (list each one e	ven it not compensated .		for Part IV)	
Pa		mployees (list each one e	on in this Part IV	(d) Health benefits,	X	
Pa		mployees (list each one e pond to any questio (b) Average hours per week devoted to	on in this Part IV (c) Reportable compensation Forms	(d) Health benefits, contributions to employee benefit	(e) Estimated amount of other	
Pa	Check if the organization used Schedule O to res	mployees (list each one a pond to any questio (b) Average hours	on in this Part IV	(d) Health benefits,	(e) Estimated amount of other	
	Check if the organization used Schedule O to res (a) Name and title	mployees (list each one e pond to any questio (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred	(e) Estimated amount of other	
De	Check if the organization used Schedule O to res (a) Name and title nnis Ritchie	mployees (list each one e pond to any question (b) Average hours per week devoted to position	(c) Reportable compensation for this Part () (c) Reportable compensation (Forms W-2/1009-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation	
De:	Check if the organization used Schedule O to res (a) Name and title nnis Ritchie esident	mployees (list each one e pond to any questio (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred	(e) Estimated amount of other compensation	
De: Pr F.	Check if the organization used Schedule O to res (a) Name and title nnis Ritchie esident D. Gibson	mployees (list each one of pond to any question (b) Average hours per week devoted to position 0.50	(c) Reportable compensation from this Part IV (c) Reportable compensation (Forms W-2/1009-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee beningings, and deterred compensation	(e) Estimated amount of other compensation	
De: Pr F. Vi	Check if the organization used Schedule O to res (a) Name and title nnis Ritchie esident D. Gibson ce President	mployees (list each one e pond to any question (b) Average hours per week devoted to position	(c) Reportable compensation for this Part () (c) Reportable compensation (Forms W-2/1009-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation	
De Pr F. Vi Da	Check if the organization used Schedule O to res (a) Name and title nnis Ritchie esident D. Gibson ce President na Turner	mployees (list each one of pond to any question (b) Average hours per week devoted to position 0.50	(c) Reportable compensation from this Part IV (c) Reportable compensation (Forma W-2/1009-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation 0.	
Der Pr Vi Da	Check if the organization used Schedule O to res (a) Name and title nnis Ritchie esident D. Gibson ce President na Turner cretary/Treasurer	mployees (list each one of pond to any question (b) Average hours per week devoted to position 0.50	(c) Reportable compensation from this Part IV (c) Reportable compensation (Forms W-2/1009-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation 0.	
De Pr F. Vi Da Se Ki	Check if the organization used Schedule O to res (a) Name and title nnis Ritchie esident D. Gibson ce President na Turner cretary/Treasurer rk Bell	mployees (list each one of pond to any question (b) Average hours per week devoted to position 0.50	(c) Reportable compensation from this Part IV (c) Reportable compensation (Forms W-2/1009-MISC) (if not paid, enter -0-) 0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation O. O.	
De Pr F. Vi Da Se Ki	Check if the organization used Schedule O to res (a) Name and title nnis Ritchie esident D. Gibson ce President na Turner cretary/Treasurer rk Bell mber	mployees (list each one of pond to any question (b) Average hours per week devoted to position 0.50	(c) Reportable compensation from this Part IV (c) Reportable compensation (Forma W-2/1009-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation O. O.	
De Pr F. Vi Da Se Ki Me	Check if the organization used Schedule O to res (a) Name and title nnis Ritchie esident D. Gibson ce President na Turner cretary/Treasurer rk Bell mber mes Chandler	mployees (list each one of pond to any question (b) Average hours per week devoted to position 0.50 0.50 0.50	(c) Reportable compensated (c) Reportable compensation (Forma W-2/1009-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation 0. 0.	
De Pr Vi Da Se Ki Me Ja	Check if the organization used Schedule O to res (a) Name and title nnis Ritchie esident D. Gibson ce President na Turner cretary/Treasurer rk Bell mber mes Chandler mber	mployees (list each one of pond to any question (b) Average hours per week devoted to position 0.50	(c) Reportable compensation from this Part IV (c) Reportable compensation (Forms W-2/1009-MISC) (if not paid, enter -0-) 0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation 0. 0.	
De Pr Vi Da Se Ki Me Ja	Check if the organization used Schedule O to res (a) Name and title nnis Ritchie esident D. Gibson ce President na Turner cretary/Treasurer rk Bell mber mes Chandler	mployees (list each one of pond to any question (b) Average hours per week devoted to position 0.50 0.50 0.50	(c) Reportable compensated (c) Reportable compensation (Forma W-2/1009-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation 0. 0.	
Der F. Vi Da Se Ki Me Br	Check if the organization used Schedule O to res (a) Name and title nnis Ritchie esident D. Gibson ce President na Turner cretary/Treasurer rk Bell mber mes Chandler mber	mployees (list each one of pond to any question (b) Average hours per week devoted to position 0.50 0.50 0.50 0.50 0.50	(c) Reportable compensated (c) Reportable compensation (Forma W-2/1009-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation 0. 0. 0.	
De Pr F. Vi Da Se Ki Me Br Me	Check if the organization used Schedule O to res (a) Name and title nnis Ritchie esident D. Gibson ce President na Turner cretary/Treasurer rk Bell mber mes Chandler mber ent Talley mber	mployees (list each one of pond to any question (b) Average hours per week devoted to position 0.50 0.50 0.50	(c) Reportable compensated on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation 0.	(e) Estimated amount of other compensation 0. 0. 0.	
De Pr Vi Da Se Ki Me Ja Me Me Me	Check if the organization used Schedule O to res (a) Name and title mnis Ritchie esident D. Gibson ce President na Turner cretary/Treasurer rk Bell mber mes Chandler mber ent Talley mber rvin Hill	mployees (list each one of pond to any question (b) Average hours per week devoted to position 0.50 0.50 0.50 0.50 0.50 0.50	(c) Reportable compensated on in this Part IV (c) Reportable compensation (Forms W-2/1009-MISC) (ff not paid, enter -0-) 0. 0. 0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0.	
De Pr F. Vi Da Se Ki Me Br Me Ma Me	Check if the organization used Schedule O to res (a) Name and title mnis Ritchie esident D. Gibson ce President na Turner cretary/Treasurer rk Bell mber mes Chandler mber ent Talley mber rvin Hill mber	mployees (list each one of pond to any question (b) Average hours per week devoted to position 0.50 0.50 0.50 0.50 0.50	(c) Reportable compensated on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation 0.	(e) Estimated amount of other compensation 0. 0. 0. 0.	
De Pr F. Vi Da Se Ki Me Me Ma Me Ma Me Jo	Check if the organization used Schedule O to res (a) Name and title mnis Ritchie esident D. Gibson ce President na Turner cretary/Treasurer rk Bell mber mes Chandler mber ent Talley mber rvin Hill mber ey Jamison	mployees (list each one of pond to any question (b) Average hours per week devoted to position 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.5	On in this Part IV (c) Reportable compensation (Forms W-2/1009-MISC) (ff not paid, enter -0-) O. O. O.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation 0. 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0. 0. 0.	
De Pr F. Vi Da Se Ki Me Ma Me Ma Me Jo Me	Check if the organization used Schedule O to res (a) Name and title mnis Ritchie esident D. Gibson ce President na Turner cretary/Treasurer rk Bell mber mes Chandler mber ent Talley mber rvin Hill mber ey Jamison mber	mployees (list each one of pond to any question (b) Average hours per week devoted to position 0.50 0.50 0.50 0.50 0.50 0.50	(c) Reportable compensated on in this Part IV (c) Reportable compensation (Forms W-2/1009-MISC) (ff not paid, enter -0-) 0. 0. 0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0. 0. 0.	
De Pr F. Vi Da Se Ki Me Ma Me Jo Me Pa	Check if the organization used Schedule O to res (a) Name and title nnis Ritchie esident D. Gibson ce President na Turner cretary/Treasurer rk Bell mber mes Chandler mber ent Talley mber rvin Hill mber ey Jamison mber ce King	mployees (list each one of pond to any question (b) Average hours per week devoted to position 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50	On in this Part IV (c) Reportable compensation (Forms W-2/1009-MISC) (ff not paid, enter -0-) O. O. O. O.	(d) Health benefits, contributions to employee benefit plans, and deterred compensation 0. 0. 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0. 0. 0.	
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Der F. Vi Da Se Ki Me Ma Me Ma Me Pa Me Ke	Check if the organization used Schedule O to res (a) Name and title mnis Ritchie esident D. Gibson ce President na Turner cretary/Treasurer rk Bell mber mes Chandler mber ent Talley mber rvin Hill mber ey Jamison mber ce King mber nt Manley	mployees (list each one of pond to any question (b) Average hours per week devoted to position 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50	On in this Part IV (c) Reportable compensation (Forma W-2/1009-MISC) (ff not paid, enter -0-) O. O. O. O.	(d) Health benefits, contributions to employee benefit plans, and deterred compensation 0. 0. 0. 0. 0. 0.	(e) Estimated amount of other compensation O. O. O. O. O. O. O.	
Der F. Vi Da Se Ki Me Jo Me Pa Me Ke Me	Check if the organization used Schedule O to res (a) Name and title mnis Ritchie esident D. Gibson ce President na Turner cretary/Treasurer rk Bell mber mes Chandler mber ent Talley mber rvin Hill mber ey Jamison mber ce King mber nt Manley mber	mployees (list each one of pond to any question (b) Average hours per week devoted to position 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50	On in this Part IV (c) Reportable compensation (Forms W-2/1009-MISC) (ff not paid, enter -0-) O. O. O. O.	(d) Health benefits, contributions to employee benefit plans, and deterred compensation 0. 0. 0. 0. 0.	(e) Estimated amount of other compensation O. O. O. O. O. O. O.	
Der F. Vi Da Se Ki Me Ja Me Ma Me Ca	Check if the organization used Schedule O to res (a) Name and title nnis Ritchie esident D. Gibson ce President na Turner cretary/Treasurer rk Bell mber mes Chandler mber ent Talley mber rvin Hill mber ey Jamison mber ce King mber nt Manley mber sey Morris	mployees (list each one of pond to any question (b) Average hours per week devoted to position 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.5	On in this Part IV (c) Reportable compensation (Forma W-2/1009-MISC) (ff not paid, enter -0-) O. O. O. O. O.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation 0. 0. 0. 0. 0. 0. 0. 0. 0.	(e) Estimated amount of other compensation O. O. O. O. O. O. O. O.	
Der F. Vi Da Se Ki Me Ma Me Me Me Me Me Ca Me	Check if the organization used Schedule O to res (a) Name and title nnis Ritchie esident D. Gibson ce President na Turner cretary/Treasurer rk Bell mber mes Chandler mber ent Talley mber rvin Hill mber ey Jamison mber ce King mber nt Manley mber sey Morris mber	mployees (list each one of pond to any question (b) Average hours per week devoted to position 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50	On in this Part IV (c) Reportable compensation (Forma W-2/1009-MISC) (ff not paid, enter -0-) O. O. O. O.	(d) Health benefits, contributions to employee benefit plans, and deterred compensation 0. 0. 0. 0. 0. 0.	(e) Estimated amount of other compensation O. O. O. O. O. O. O. O.	
Der F. Vi Da Se Ki Me Ma Me Me Me Me Ca Me To	Check if the organization used Schedule O to res (a) Name and title nnis Ritchie esident D. Gibson ce President na Turner cretary/Treasurer rk Bell mber mes Chandler mber ent Talley mber rvin Hill mber ey Jamison mber ce King mber nt Manley mber sey Morris mber dd Morris	mployees (list each one of pond to any question (b) Average hours per week devoted to position 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.5	On in this Part IV (c) Reportable compensation (Forma W-2/1099-MISC) (ff not paid, enter -0-) O. O. O. O. O.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	(e) Estimated amount of other compensation O. O. O. O. O. O. O. O. O. O	
Der F. Vi Da Se Ki Me Ma Me Me Me Me Ca Me To	Check if the organization used Schedule O to res (a) Name and title nnis Ritchie esident D. Gibson ce President na Turner cretary/Treasurer rk Bell mber mes Chandler mber ent Talley mber rvin Hill mber ey Jamison mber ce King mber nt Manley mber sey Morris mber	mployees (list each one of pond to any question (b) Average hours per week devoted to position 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.5	On in this Part IV (c) Reportable compensation (Forma W-2/1009-MISC) (ff not paid, enter -0-) O. O. O. O. O.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	(e) Estimated amount of other compensation O. O. O. O. O. O. O. O. O. O	

For	n 990-EZ (2014) Howard County Farm Bureau 71-605	3309		Page 3
P	art V. Other Information (Note the Schedule A and personal benefit contract statement requirement	ts in 1	he	
	instructions for Part V) Check if the organization used Sch. O to respond to any question in the	is Pa	tΥ	\mathbf{x}
	•		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each	[[
	activity in Schedule 0	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule D (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported	!		
	on lines 2, 6a, and 7a, among others)?	35a	X	
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	_X_	
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		<u>X</u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	1		
	complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the Instructions	1 1		17
_ b	Did the organization file Form 1120-POL for this year?	37b		X
384	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			v
	in a prior year and still outstanding at the end of the tax year covered by this return? If 'Yes,' complete Schedule L. Part II and enter the total amount involved 38b N/A	38a		<u>X</u>
		1		
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 N/A	()	1	
	Gross receipts, included on line 9, for public use of club facilities	1		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
70 4	section 4911 \blacktriangleright N/A ; section 4912 \blacktriangleright N/A ; section 4955 \blacktriangleright N/A	}	1	
ь	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit	, ,		ı
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any		[
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	406	N/	A
¢	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on		- 1	
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	1 1	- 1	
4	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed	1 1		
	by the organization N/A		- 1	
ŧ	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	10-		v
	transaction? If "Yes," complete Form 8886-T	40e		<u>X</u>
	List the states with which a copy of this return is filed None The organization's books are in care of The Organization Telephone no. > 870-84	5-1	526	
424	The organization's books are in care of \blacktriangleright The Organization Telephone no. \blacktriangleright 870-89 Located at \blacktriangleright P.O. Box 1860, Nashville, AR ZIP+4 \blacktriangleright 7			
	At any time during the calendar year, did the organization have an interest in or a signature or other authority	<u> </u>	<u></u>	
٠	over a financial account in a foreign country (such as a bank account, securities account, or other financial	- {	Yes	No
	annual 19	42b		X
	If 'Yes,' enter the name of the foreign country:	\sqcap		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
¢	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	1	X
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		. ▶	Ш
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
		ſ	V1	N-
4.	B. M	 	Yes	IAO
448	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of	,,	ľ	X
L	Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	442		Δ_
D		44b		<u>x</u> _
	of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
J	in Schedule O	440	İ	_
452	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	452		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section			
	512(b)(13)? If Yes, Form 990 and Schedule R may need to be completed Instead of Form 990-EZ (see instructions)	45b		X
		Form 99	0-EZ (2014)

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Form 990-EZ (2014) Howard County Farm Bureau	1			<u>71-60533</u>	09 Page	e 4
4.	1					Yes N	<u>o</u>
46 Did the o	rganization engage, directly or indirectly, in political campaign activiti	es on behalf of or i	n apposition	to candidates for pu	iblic office?		
	complete Schedule C, Part I					46 X	<u></u>
	Section 501(c)(3) organizations only						
	All section 501(c)(3) organizations must answer questions 47					_	_
	Check if the organization used Schedule O to respond to an	y question in this	Part VI		<u> </u>		ᆜ
47				BMB. A solet		Yes N	<u>o</u> _
	rganization engage in lobbying activities or have a section 501(h) ele					47	—
	panization a school as described in section 170(b)(1)(A)(ii)? If "Yes," (48	—
	rganization make any transfers to an exempt non-charitable related o					19a	_
50 Complete	was the related organization a section 527 organization? this table for the organization's five highest compensated employees	· · · · · · · · · · · · · · · · · · ·		tructone and bay on	Li		
	0,000 of compensation from the organization. If there is none, enter "		13, UII ELIUI 3,	, a usices and key en	iipioyees) who cat		
that wio	(a) Name and title of each employee	(b) Average	hours	(C) Reportable	(d) Health benefits,	(e) Estimated	
	(a) manife and the or out of outproject	per week dev		compensation (Forms W-2/1099-MISC)	contributions to employee benefit	amount of other	
	N/A	position	י [W-27 1000-MISO	plans, and deferred compensation	compensation	ח
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	nber of other employees paid over \$100,000				000 -1	(1)	
-	this table for the organization's five highest compensated independe	nt contractors who	each receiv	ed more than \$100,	out of compensat	on from the	
	ion. If there is none, enter "None." N/A Name and business address of each independent contractor		(5).7	Type of service	(0) (0)	mpensation	_
	varie and business and ess of each independent contractor		10)	Type of service		inpensation .	
					<u> </u>		_
							
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d Total nur	nber of other independent contractors each receiving over \$100,000			▶			_
52 Did the o	rganization complete Schedule A? Note. All section 501(c)(3) organiz	ations must attach	а				
	d Schedule A	<u> </u>		, .,			Vo
	s of perjury, I declare that I have examined this return, including according					e and belief, it is	3
true, correct, a	nd complete. Declaration of preparer (other than officer) is based on a	all information of w	hich prepare	r has any knowledge	8. / c/m		_
	July 6 Berl				6/15/16		
Sign	Signature of officer (CIS (We	DO N		SPOND P	OR	
Here /	Type or print name and title		6NAI	URE			_
			6.4	Chaele	T & LETTIN		_
	Print/Type preparer's name Preparer's signature		Date	Check] it PTIN		
Paid	L	ا ا	uhli	self- employ		74010	
Preparer	Sherry Chesser, CPA Sunu	Chroat	GILLI			74819	
Use Only	Firm's name Thomas & Thomas LLP	500			► 71-027		_
-	Firm's address > 201 E. Markham, Suite			Phone no.	501-375	-2025	-
16. 11. 17.	Little Rock, AR 72201				► X	l Van II a	_
May the IRS di	scuss this return with the preparer shown above? See instructions	<u> </u>				Yes N	<u> 10</u>

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

432211 08-27-14

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 Q (Form 990 or 990-EZ) and its instructions is at www.irs.gov/lorm990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Howard County Farm Bureau	Employer identification number 71-6053309
Form 990-EZ, Part I, Line 4, Rental Income:	
Kind and Location of Property:	Amount:
Office Space - Nashville, AR	2,100.
Form 990-EZ, Part I, Line 4, Other Investment Incom	ne:
Description of Property:	Amount:
Interest on Savings and Cash Investments	1,670.
Form 990-EZ, Part I, Line 8, Other Revenue:	
Description of Other Revenue:	Amount:
Insurance Service Fees	104,633.
Royalty Income	4,102.
Miscellaneous Income	1,132.
Total to Form 990-EZ, line 8	109,867.
Form 990-EZ, Part I, Line 14, Occupancy, Rent, Util	ities, and Maintenance:
Description of Expenses:	Amount:
Depreciation	2,995.
Other Expenses	14,856.
Total to Form 990-EZ, line 14	17,851.
Form 990-EZ, Part I, Line 16, Other Expenses:	
Description of Other Expenses:	Amount:
Supplies	4,359.
<u>Telephone</u>	5,426.
Conf, conventions, etc.	9,976.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990 or 990-EZ) (2014)

SCHEDULE O (Form 99¢ 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/tomn990.

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Howard County Farm Bureau	71-	6053309
Insurance		641.
Advertising and Promotion		3,335.
Youth and Safety		3,380.
Miscellaneous		5,967.
Travel		1,560.
Depreciation		1,058.
Total to Form 990-EZ, line 16		35,702.
Form 990-EZ, Part II, Line 24, Other Assets:		
Description	Beg. of Year	End of Year
Other Depreciable Assets	3,416.	· 5,445.
Form 990-EZ, Part II, Line 26, Other Liabiliti	es:	
Description	Beg. of Year	End of Year
Prepaid Membership	11,605.	11,270.
Payroll Liabilities	2,081.	2,187.
Total to Form 990-EZ, line 26	13,686.	13,457.
Form 990-EZ, Part V, Information Regarding Per		
The organization did not, during the year, rec	eive any funds, o	lirectly,
or indirectly, to pay premiums on a personal b	enefit contract.	
The organization, did not, during the year, pa	y any premiums, c	lirectly,
or indirectly, on a personal benefit contract.		
•		
		

Name of the organization Employer identification number Howard County Farm Bureau 71-6053309

Part IV: List of Officers, Directors, Trustees, and Key Employees. List each one even If not compensated (see the Instructions for Part IV) (d) Health benefits, contributions to employee benefit plans, and deferred compensation (b) Average hours (e) Estimated (C) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) per week devoted to amount of other (a) Name and title position compensation Ray Rogers 0.50 0. 0. 0. Member Kevin Smith 0.50 0. 0. Member 0. Ricky Westfall 0.50 0 0. 0. Member