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

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

^	rui tile	2013 Calefidat year, of tax year beginning 1100 1, 2013 and	ending O	CI 31, 401	_0			
В	Check if applicable	C Name of organization		D Employer iden	tification number			
	Addres	Phillips County Farm Bureau						
	Name change			71-	-0245792			
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone num					
	Final return/	P.O. Box 2429		870-572-4099				
	termin- ated			G Gross receipts \$ 176,203				
Г	Ameno			H(a) Is this a group				
F	Application			for subordina				
	pendin	same as C above		H(b) Are all subordinate				
T	Tax-exe	mpt status: 501(c)(3)	or 527	1 ' '	n a list (see instructions)			
		e: www.arfb.com/phillips		H(c) Group exemp	· · · · · · · · · · · · · · · · · · ·			
ĸ	Form of	organization: X Corporation	L Year		M State of legal domicile: AF			
	art I	Summary						
	1	Briefly describe the organization's mission or most significant activities. Agri	cultur	al Promoti	on			
Activities & Governance		<u></u>						
na.	2	Check this box if the organization discontinued its operations or dispo	sed of more	than 25% of its net	assets.			
Š	3	Number of voting members of the governing body (Part VI, line 1a)		i	3 21			
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		Γ	4 21			
80	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)		F	5 3			
iţie	6	Total number of volunteers (estimate if necessary)		Γ	6 21			
cţ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		F	7a 134,047.			
⋖	ь	Net unrelated business taxable income from Form 990-T, line 34		-	7b 1,440.			
				Prior Year	Current Year			
a	. 8	Contributions and grants (Part VIII, line 1h)			0.			
Ž	9	Program service revenue (Part VIII, line 2g)		32,132				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,093				
α	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and Report 1		145,865				
	ł	Total revenue · add lines 8 through 11 (must equal Part VIII) column (A); line 12)	SU I	180,090				
		Create and similar amounts paid (Port IV column (A) lines (1.2)	8	1,390				
	1	Benefits paid to or for members (Part IX, column (A), line 4)	017 91	C	0.			
· ·	15	Salaries, other compensation, employee benefits (Part IX, column-(A)-lines.5:10)	82	95,417	93,446.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e	117		0.			
g	ь	Total fundraising expenses (Part IX, column (D), line 25)	€0					
, mî	i 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		70,477	69,374.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		167,284	163,255.			
-	19	Revenue less expenses. Subtract line 18 from line 12		12,806	12,948.			
50	3		Be	ginning of Current Ye	End of Year			
sets	20	Total assets (Part X, line 16)		679,230	690,231.			
SE.	₫ 21	Total liabilities (Part X, line 26)		14,606	12,659.			
Net Assets or	22	Net assets or fund balances Subtract line 21 from line 20		664,624	677,572.			
P	art II	Signature Block						
Un	der pena	lties of perjury, I declare that I have examined this return, including accompanying schedule	es and statem	ents, and to the best o	f my knowledge and belief, it is			
tru	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowledge.				
Si	gn	Signature of officer	- 1	Date 0-	-17-17			
Не	ere	The state of the s	2 960-		11-17			
		Type or print name and title						
		Print/Type preparer's name Preparer's signature	i i	Date Check	PTIN			
Pa	id	Sherry Chesser, CPA Sull Off	Sur 1	2-3-17 self-em	ployed P00174819			
Pro	eparer	Firm's name Thomas & Thomas LLP		Firm's EIN	71-0271741			
Us	e Only	Firm's address 201 E. Markham, Suite 500						
_		Little Rock, AR 72201		Phone no. 5	01-375-2025			
M	ay the If	RS discuss this return with the preparer shown above? (see instructions)			X Yes No			
532	2001 12-1	8-15 LHA For Paperwork Reduction Act Notice, see the separate instructi	ons.		Form 990 (2015)			

	rt III Statement of Brogger Service Assemblishments	/1-0245/92	Page 2
rai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		. <u> </u>
1	Briefly describe the organization's mission Agricultural Promotion		
	AGIICUIUI IIOMOCION		
2	Did the organization undertake any significant program services during the year which were not listed the prior Form 990 or 990-EZ?		s X No
	If "Yes," describe these new services on Schedule O		(==1
3	Did the organization cease conducting, or make significant changes in how it conducts, any program If "Yes," describe these changes on Schedule O.	services?Ye	s X No
4	Describe the organization's program service accomplishments for each of its three largest program se Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$ including grants of \$) (Revenue \$	
74	County Farm Bureau work is general in nature, help:		
	achieve educational improvements, economic opportun		-
	advancement.	izoy, and boozar	
	aa vanoomono v		
4b	(Code) (Expenses \$including grants of \$)
4c	(Code) (Expenses \$ including grants of \$)
			
		····	
			
			
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$		
40	Total program service expenses		

Form **990** (2015)

			V	T
	to the ergonization described in section 501(c)(2) or 4047(c)(1) (athor than a private foundation)?		Yes	No
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		Х
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	-	-	
3	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	-		
7	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
•	similar amounts as defined in Revenue Procedure 98-197 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	_		<u> </u>
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	 -		
Ü	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
• •	as applicable		į	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С				
	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_
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_X_
f	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		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		_X_
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_ <u>X</u> _
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_ <u>X</u> _
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	ł		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	ļ		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15_		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16_		_ <u>X</u> _
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			7.5
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>x</u> _
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	ا مد ا		17
	complete Schedule G, Part III	19 Form	990 (X
		Form	22U (∠U15)

Form 990 (2015) Phillips County Farm Bureau
Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			1
	Schedule J	23		Х
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			ł
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c	l	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"]	
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions).			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			l
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	ļ	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			l
	Part V, line 1	34		X
35a		35a		X
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	-	├
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			177
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	_37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	х	
	Note. All Form 990 filers are required to complete Schedule O	<u>38</u>	990	(0015)
		LOIT	- 23U	(2015)

Statements Regarding Other IRS Filings and Tax Compliance *Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? X 1c 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O X 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a Х b If "Yes," enter the name of the foreign country. ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a 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 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7**f 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 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 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 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter-Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a 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 13b c Enter the amount of reserves on hand 13c

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

X

Form 990 (2015) Phillips County Farm Bureau 71-0245792 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.

	to line da, ob, or for below, describe the circumstances, processes, or changes in schedule O see instructions.					
	Check if Schedule O contains a response or note to any line in this Part VI			X		
Sec	tion A. Governing Body and Management					
			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 21	4				
	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 21	4				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other					
	officer, director, trustee, or key employee?	2	<u> </u>	_X_		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision					
	of officers, directors, or trustees, or key employees to a management company or other person?	3	<u> </u>	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			
ь	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	l				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		_X		
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	<u> </u>				
			Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?	10a		X		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b				
	and branches to ensure their operations are consistent with the organization's exempt purposes?					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		<u>X</u>		
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		.,			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	_X	_		
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	_X_			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		٠,,			
	in Schedule O how this was done	12c	X			
13	Did the organization have a written whistleblower policy?	13		<u>X</u>		
14	Did the organization have a written document retention and destruction policy?	14		<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_		<u> X</u>		
ь	Other officers or key employees of the organization	15b		<u>X</u>		
	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		1	••		
	taxable entity during the year?	16a		<u>_X</u>		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	i				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's					
	exempt status with respect to such arrangements?	16b				
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed None					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	ivailab	le			
	for public inspection. Indicate how you made these available. Check all that apply					
	Own website Another's website X Upon request Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	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 - 870-572-4099					
	P.O. Box 2429, West Helena, AR 72390					

Form 990 (2015)

Phillips County Farm Bureau

71-0245792

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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

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

X Check this box if neither the organization n	or any related	orga	ınıza	tion	cor	nper	nsate	ed any current officer, o	director, or trustee.	
(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	(dn	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both a officer and a director/trustee		h an	compensation	compensation	amount of		
	week		- a	- au	16010	i/iius	100)	from	from related	other
	(list any hours for	ige ige				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	99	stee			nsater		(W-2/1099-MISC)	(***271099****180)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		(** = *********************************		and related
	below	ndual	tutar	.	Key employee	est co	ا يو			organizations
	line)	Indr	lusti	Officer	Key	品	Former			
(1) Mike Rial	0.50								•	
President		X		X				0.	0.	0.
(2) Brian Thomas	0.50							_	_	
Vice President		X		X				0.	0.	<u> </u>
(3) Steve Toney	0.50									
Secretary/Treasurer		X	<u> </u>	X				0.	0.	0.
(4) Kyle Cannon	0.50		l					_	_	_
Member		X				<u> </u>	<u> </u>	0.	0.	<u> </u>
(5) Chris Carnathan	0.50									
Member		Х			<u> </u>	_	_	0.	0.	<u> </u>
(6) Allen Culp	0.50									_
Member	2 50	X						0.	0.	0.
(7) Winston Foster	0.50									
Member	0.50	X		_				0.	0.	0.
(8) Kaleb Hall	0.50	.,						0	•	•
Member	0.50	X	<u> </u>			_		0.	0.	0.
(9) Phil Hall	0.50							•	•	0
Member	0.50	X				-		0.	0.	0.
(10) Kenny Holt	0.50	x						0.	0.	0.
Member (11) 74 years	0.50	Α	-	-	-	\vdash	-			
(11) Jim Hubbard Member	0.50	X						0.	0.	0.
(12) Gary Inman	0.50					-				
Member	<u> </u>	X						0.	0.	0.
(13) Elbert Jackson	0.50									
Member		x						_ 0.	0.	0.
(14) Gene Johnson	0.50									
Member		X	<u> </u>					0.	0.	0.
(15) James Lawrence	0.50			1						
Member		X			ļ			0.	0.	0.
(16) Ronnie Loeschner	0.50	1	1	1	}	1	}			
Member		X	<u> </u>		<u> </u>	_	_	0.	0.	0.
(17) Mike Montgomery	0.50								_	_
<u>Member</u>	L	X	<u> </u>	L		L	L_	0.	0.	0.

Par	T VII Section A. Officers, Directors, Tru		ploy	ees			ghe	st C	compensated Employed	es (continued)				
	(A)	(B)			(((D)	(E)			(F)	
	Name and title	Average		not c		more	nore than one		Reportable	Reportable		_	stımat	
		hours per week		, unle cer ar					compensation	compensatio		a	mount	
		(list any	fo				-		from the	from related organizations		COL	other npens	
		hours for	trustee or director				8		organization	(W-2/1099-MIS		l .	from th	
		related	tee o	ustee			ensat		(W-2/1099-MISC)	,	•	l .	ganıza	
		organizations	al trus	nal tr		Key employee	Highest compensated employee					ar	nd rela	ted
		line)	Individual	Institution	Officer	ешь	ploye	Former				org	janizat	ions
			르	≅	8	<u>5</u>	₹5	Ē						
	Frank Polk	0.50												
Memb			X	<u> </u>	_	<u> </u>	<u> </u>		0.		0.			0.
	Joey Quinn	0.50									_			_
Memb			X		<u> </u>		-		0.		0.			0.
	Brian Stoner	0.50	١,,								•			•
Memb		0.50	X	-		 	_		0.		0.			0.
	Leslie Turner	0.50									•			_
Memb	per		X	-				<u>. </u>	0.		0.			0.
			ł											
				-			-							
			ł											
			├	┢	-									
		<u> </u>	1											
		1	-	<u> </u>										-
			1											
		+		├										
			1											
						!		Ļ			_			
	Sub-total			,					0.		0.			<u>0.</u>
	Total from continuation sheets to Part \	/II, Section A							0.		0.			_ 0.
	Total (add lines 1b and 1c)							<u> </u>	0.		0.			0.
2	Total number of individuals (including but	not limited to tr	ose	liste	ed al	DOVE	e) wi	no re	eceived more than \$100	,000 of reportable	€			^
	compensation from the organization												Yes	0
_	Did the average to let any favor or office			- 1					h.abaa4 aaaaaa		ſ		res	No
3	Did the organization list any former office	•		ө, ке	y er	npio	уөө	, or	nignest compensated ei	npioyee on		_		
4	line 1a? If "Yes," complete Schedule J for							4 641	har aamaanaatian fram i	b		3	 	X
4	For any individual listed on line 1a, is the s									ne organization	ĺ			, .
E	and related organizations greater than \$15									dual for convec	}	4_		X
5	Did any person listed on line 1a receive or					_		eiai	ed organization or indivi	dual for services		_		-
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors	npiete Schedui	e 	01 5	uçn	pers	OH				1	_ 5_	Щ.	X
1	Complete this table for your five highest c	ompensated in	dene	ende	ent c	ontr	racto	are t	hat received more than	\$100,000 of com	nane	ation	from	
•	the organization Report compensation fo	•	•								pens	ation	TOILL	
	(A)	i ino calondar y		01101		****	<u> </u>		(B)	<u> </u>		10	C)	_
	Name and busines	s address	N	INC	3				Description of s	ervices	С		ensatio	ก
														_
								İ						
								ŀ		1				
														
2	Total number of independent contractors	(including but r	ot li	mite	d to	tho	se la	sted	dabove) who received m	ore than			- <u>-</u> -	
	\$100,000 of compensation from the organ	nization 🕨				- (n							

Form 990 (2015) Phillips County Farm Bureau
Part VIII Statement of Revenue

		Check if Schedule O contains	a response	or note to any lin	<u>e in this Part VIII</u>			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
\$ \$	1 a	Federated campaigns	1a					<u> </u>
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues	1b					
S,E		Fundraising events	1c					
##		Related organizations	1d					
S, E		Government grants (contributions	 					
Sign		All other contributions, gifts, grants, a						
a E		similar amounts not included above	1f					
E S	q	Noncash contributions included in lines 1a-1	f \$;		ļ	
a C	_	Total. Add lines 1a-1f						
				Business Code				
بو	2 a	Membership Dues		110000	32,391.	32,391.		
e Ž	ь							
Program Service Revenue	С							
eve	d							
Б Б	е							
<u>-</u>	f	All other program service revenue)					
	g	Total, Add lines 2a-2f		•	32,391.			
	3	Investment income (including divi	dends, inter	est, and	'			
		other similar amounts)		▶ .	2,246.			2,246.
	4	Income from investment of tax-ex	empt bond p	oroceeds 🕨				
	5	Royalties		<u> </u>	2,197.			2,197.
			(i) Real	(II) Personal				1
	6 a		4,200.					
		·	0.					
		Rental income or (loss)	4,200.					
		Net rental income or (loss)			4,200.			4,200.
	7 a	 -) Securities	(II) Other				
		assets other than inventory						
	b	Less cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)						
nue	8 a	Gross income from fundraising ev	•					
ven		including \$	of					
Other Reve		contributions reported on line 1c)						İ
Jer		Part IV, line 18	a					Į
Ğ		Less direct expenses	b					
		Net income or (loss) from fundrais	_					-
	9 а	Gross income from gaming activit Part IV, line 19						
			а					
		Less, direct expenses Net income or (loss) from gaming	b					
		Gross sales of inventory, less retu						
	IU a	and allowances						ļ
	h	Less cost of goods sold	a b				i	
		Net income or (loss) from sales of						
		Miscellaneous Revenue	HIVOITOTY	Business Code				
i	11 2	Insurance Service	Feeg	524298	134,047.		134,047.	
	h	Miscellaneous Inc		900099	1,122.			1,122.
	,					 		
	٦ ک	All other revenue					 	
	e	Total, Add lines 11a-11d		—	135,169.			
	12	Total revenue. See instructions.			176,203.	32,391.	134,047.	9,765.
_								

Secti	on 501(c)(3) and 501(c)(4) organizations must com			omplete column (A).	
	Check if Schedule O contains a respon	(A)	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	435.			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16		 		
4	Benefits paid to or for members		-		
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			,	
_	persons described in section 4958(c)(3)(B)	02 004			
7	Other salaries and wages	83,804.			
8	Pension plan accruals and contributions (include	2 050			
_	section 401(k) and 403(b) employer contributions)	2,850.			
9	Other employee benefits	6,792.			
10	Payroll taxes	0,132.			
11	Fees for services (non-employees) Management				
a	Legal				
b	Accounting	600.			
	Lobbying	000.			
<u>.</u>	Professional fundraising services. See Part IV, line 17				
f	Investment management fees		····		
g g	Other (If line 11g amount exceeds 10% of line 25,				
5	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	3,683.			
13	Office expenses	20,426.			
14	Information technology				
15	Royalties				
16	Occupancy	21,018.			
17	Travel				
18	Payments of travel or entertainment expenses		-		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,716.			
20	Interest		 		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,366.			
23	Insurance	846.			 _
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Youth and Safety	5,250.			
b	Miscellaneous	319.			
С	Dues	150.			
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	163,255.			
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				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 340. 340. Cash - non-interest-bearing 1 542,468. 521,864. 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 237. 4 0. 4 Accounts receivable, net Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 328,825. basis Complete Part VI of Schedule D 10a 182,147. 156,044. 146,678. 10b b Less, accumulated depreciation 10c Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 745. 15 Other assets See Part IV, line 11 15 679,230. 690,231 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 Accounts payable and accrued expenses 2,162. 1,664. 17 17 18 Grants payable 18 12,444. 10,995. 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 Secured mortgages and notes payable to unrelated third parties 23 23 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 14,606. 12,659 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 Temporarily restricted net assets 28 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 0. 30 Capital stock or trust principal, or current funds 0. 31 0. Paid-in or capital surplus, or land, building, or equipment fund 31 664,624. 677,572. 32 Retained earnings, endowment, accumulated income, or other funds 32 664,624. 677,572. 33 33 Total net assets or fund balances 679,230. 690,231. Total liabilities and net assets/fund balances

orm	1990 (2015) Phillips County Farm Bureau	71-024	5792	Pag	ge 12
Pai	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>03.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			55.
3	Revenue less expenses. Subtract line 2 from line 1	3			48.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	66	<u>1,6</u>	24.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	67'	<u>7,5</u>	72.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>Ш</u>
				Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C	٠.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed or	n a			
	separate basis, consolidated basis, or both:		1 1		
	Separate basis Consolidated basis Both consolidated and separate basis		1 1	ł	1
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
Ç	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sched	ule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	le Audıt			
	Act and OMB Circular A:133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	d audit			
	or guides, explain why in Schedule O and describe any steps taken to undergo such guides		3h		

Form **990** (2015)

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

2015

Open to Public Inspection

If the organization answered "Yes," on 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," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Section	501(c)(4), (5), or (6) organiza	tions: Complete Part III			
Name of org	ganization			Empl	oyer identification number
	Phillip	s County Farm Bu	reau		71-0245792
Part I-A	Complete if the org	anization is exempt und	ler section 501(c)	or is a section 527 o	rganization.
	al expenditures	cation's direct and indirect politic	al campaign activities i		
Part I-B	Complete if the ord	anization is exempt und	ler section 501(c)	(3).	
		incurred by the organization und		▶\$	
	•	incurred by organization manag			
	·	in 4955 tax, did it file Form 4720		, •	Yes No
	correction made?		,		Yes No
	," describe in Part IV.				
Part I-C	Complete if the org	janization is exempt und	ler section 501(c),	except section 501(c)(3).
1 Enter1	the amount directly expended	by the filing organization for se	ction 527 exempt func	tion activities >\$	
2 Enter 1	the amount of the filing organ	ization's funds contributed to ot	her organizations for se	ection 527	
exemp	ot function activities			▶\$	
3 Total e	exempt function expenditures	s. Add lines 1 and 2 Enter here a	and on Form 1120-POL	1	-
line 17	ъ			▶\$	Yes No
4 Did the	e filing organization file Form	1120-POL for this year?			Yes No
made contrib	payments. For each organiza outions received that were pr	nployer identification number (El tion listed, enter the amount pai omptly and directly delivered to additional space is needed, prov	d from the filing organia a separate political org	zation's funds Also enter th anization, such as a separat	e 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) 2015 Ph:	llips Co	ounty Farm E	Bureau	71-	0245792 Page 2
Part II-A Complete if the organi section 501(h)).	zation is exe	mpt under sectio	on 501(c)(3) and file	ed Form 5/68 (election under
A Check Inf the filing organization	nolongs to an off	ulated group (and list ii	n Part IV each affiliated	arous member's per	no address FINI
expenses, and share of	-		n Part IV each ainmateu	group members nar	ile, address, EIN,
B Check In the filing organization			ovicione apply		
Limits or	Lobbying Expe	nditures		(a) Filing organization's	(b) Affiliated group totals
(The term "expenditur	es" means amoi	unts paid or incurred.)	totals	
1a Total lobbying expenditures to influence	e public opinion	(grass roots lobbying)			
b Total lobbying expenditures to influence	e a legislative bo	dy (direct lobbying)			
c Total lobbying expenditures (add lines	1a and 1b)		Ĺ		
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (ac	ld lines 1c and 1	d)	1		
f Lobbying nontaxable amount. Enter the	amount from th	e following table in bot	th columns		
If the amount on line 1e, column (a) or (b)	is: The lot	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e			
Over \$500,000 but not over \$1,000,000	\$100,00	00 plus 15% of the exc	cess over \$500,000		
Over \$1,000,000 but not over \$1,500,0	00 \$175,0	00 plus 10% of the exc	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000		ess over \$1,500,000		
Over \$17,000,000 \$1,000,000					
					<u> </u>
g Grassroots nontaxable amount (enter 2	5% of line 1f)			·	<u> </u>
h Subtract line 1g from line 1a. If zero or	less, enter -0-		<u>į</u>		
i Subtract line 1f from line 1c. If zero or l	ess, enter -0-				<u> </u>
j If there is an amount other than zero or	n either line 1h or	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this year	?	 · <u>,</u>			Yes No
(Some organizations that r	nade a section 5	eraging Period Under 501(h) election do not rate instructions for li	have to complete all o	f the five columns I	pelow.
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
(100)0 01 1110 221 0101111(2))			 		
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

71-0245792 Page 3 Schedule C (Form 990 or 990-EZ) 2015 Phillips County Farm Bureau Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (a) (b) For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. Yes No **Amount** During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? j Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). No Yes Were substantially all (90% or more) dues received nondeductible by members? X Did the organization make only in house lobbying expenditures of \$2,000 or less? X 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section |Part III-B| 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year 2a b Carryover from last year 2b 2c Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) 5 Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Phillips County Farm Bureau

Employer identification number 71-0245792

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	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?		Yes No
Pai	rt II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	tion (check all that apply)	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a hist	orically important land area
	Protection of natural habitat	Preservation of a cert	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic st	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	asement is located	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing con	servation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conserva	ation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170	
	and section 170(h)(4)(B)(ii)?		└─ Yes └─ No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	the organization's accounting for
	conservation easements	4 Aut Historical Transcruss on C	Mhay Cimilay Assats
Pa	rt III Organizations Maintaining Collections	-	ther Similar Assets.
	Complete if the organization answered "Yes" on Forr		
1a	If the organization elected, as permitted under SFAS 116 (A	· · · · · · · · · · · · · · · · · · ·	· - •
	historical treasures, or other similar assets held for public ex		ince of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that described to the footnote to its financial statements.		
b	If the organization elected, as permitted under SFAS 116 (A	•	·
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items.	
а			\$
<u> </u>	Assets included in Form 990, Part X		<u>\$</u>

		Sollections of A				Oth-	CiiI			2 Page 2
	organization manifesting e									
3	Using the organization's acquisition, access	ion, and other record	is, checi	k any of the	tollowing tha	it are a s	ignificant	use of its	collection	ı ıtems
•	(check all that apply).									
а	Public exhibition	ď			hange progra	ams				
b	Scholarly research	е	• []	Other		-				
С	Preservation for future generations									
4	Provide a description of the organization's c							ose in Par	t XIII.	
5	During the year, did the organization solicit of					er sımılaı	assets	_	_	
Da	to be sold to raise funds rather than to be m								Yes	No_
Pai	reported an amount on Form 990, Pa		ete if the	organizatio	n answered '	"Yes" on	Form 990), Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	s or other as	sets not	ıncluded			
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII	and complete the fo	ilowina i	table.				L	∐ Yes	L No
•	roo, explain the arrangement in rate xiii	and complete the le	///Owning t	iubio					Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	escrow or cu	ustodial acco	unt liabil	ity?		Yes	□ No
	If "Yes," explain the arrangement in Part XIII									
Pai	t V Endowment Funds. Complete	if the organization ar	swered	"Yes" on Fo	rm 990, Part	IV, line	10			
		(a) Current year	I	rior year	(c) Two year		(d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs								İ	
f	Administrative expenses									
g	End of year balance								_	
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1	g, column (a	i)) held as:				-	
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%								
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administe	red for th	ne organiz	ation	_	
	py.									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on S	chedule R?					3b	
4	Describe in Part XIII the intended uses of the		owment 1	funds		_				
Par	t VI Land, Buildings, and Equipn									
	Complete if the organization answere	d "Yes" on Form 990	0, Part I\	/, line 11a. S	ee Form 990	, Part X,	line 10			
	Description of property	(a) Cost or o		(b) Cost			cumulate	d	(d) Book	value
		basis (investr	nent)	basis (dep	reciation			
1a	Land				2,636.				22	,636.
b	Buildings			23	0,235.	1	11,64	12.	118	,593.
c	Leasehold improvements .									
	Equipment				0,846.		66,8			,011.
	Other	l			<u>5,108.</u>		<u>3,6°</u>	70.		<u>,438.</u>
Total	. Add lines 1a through 1e. (Column (d) must e	aual Form 990 Part	Y colun	nn (R) line 1	001				146	67 R

* Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market v		l-of-year market value
) Financial derivatives				
) Closely-held equity interests				
other				
(A)				
(B)			_	
(C)	<u> </u>		_	
(D)		_		
(E)				
(F)	· · · · · · · · · · · · · · · · · · ·			
(G)				· _ · · · · · · · · · · · · · · · · · ·
(H)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" (on Form 990, Part IV, line	9 11c See Form 990.	Part X, line 13.	
(a) Description of investment	(b) Book value			l-of-year market value
(1)		7		·-
(2)				
(3)				_
(4)	<u></u>			
(5)				
(6)	·			
(7)				
				
(8)				
(8)				
(8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
(8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.	on Form 990. Part IV. lin	e 11d See Form 990.	Part X. line 15	
(8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes"		e 11d See Form 990,	Part X, line 15	(b) Book value
(8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) I	on Form 990, Part IV, lin Description	e 11d See Form 990,	Part X, line 15	(b) Book value
(8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) [e 11d See Form 990,	Part X, line 15	(b) Book value
(8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2)		e 11d See Form 990,	Part X, line 15	(b) Book value
(8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3)		9 11d See Form 990,	Part X, line 15	(b) Book value
(8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4)		9 11d See Form 990,	Part X, line 15	(b) Book value
(8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5)		9 11d See Form 990,	Part X, line 15	(b) Book value
(8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6)		e 11d See Form 990,	Part X, line 15	(b) Book value
(8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7)		e 11d See Form 990,	Part X, line 15	(b) Book value
(8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8)		e 11d See Form 990,	Part X, line 15	(b) Book value
(8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9)	Description	e 11d See Form 990,	Part X, line 15	(b) Book value
(8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line	Description	9 11d See Form 990,	Part X, line 15	(b) Book value
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(8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	Description	e 11e or 11f See Forr	>	
(8) (9) ptal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) potal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		>	
(8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	Description	e 11e or 11f See Forr	>	
(8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)	Description	e 11e or 11f See Forr	>	
(8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)	Description	e 11e or 11f See Forr	>	
(8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description	e 11e or 11f See Forr	>	
(8) (9) ptal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) potal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description	e 11e or 11f See Forr	>	
(8) (9) ptal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description	e 11e or 11f See Forr	>	
(8) (9) ptal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) potal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description	e 11e or 11f See Forr	>	
(8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	Description	e 11e or 11f See Forr	>	
(8) (9) ptal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) potal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description e 15.) on Form 990, Part IV, Im	e 11e or 11f See Forr	>	

Sche	dule D (Form 990) 2015 Phillips County Farm B		71-0245792 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial St	atements With Reven	ue per Return.
	*Complete if the organization answered "Yes" on Form 990, Part IV, I	ne 12a	
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	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		_4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12		5
Pa	rt XII Reconciliation of Expenses per Audited Financial S	_	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ne 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
е	Add lines 2a through 2d		_2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	•	_4a	
b	Other (Describe in Part XIII.)	_4b	
			1 1
С			4c
Pa	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4; Part IV, lines 1b and 2b; f	5
5 Pa	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information.	4; Part IV, lines 1b and 2b; f	5
5 Pa	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4; Part IV, lines 1b and 2b; f	5
5 Pa	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4; Part IV, lines 1b and 2b; f	5
Pa	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII) Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide	4; Part IV, lines 1b and 2b; f	5

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public

Inspection

Internal Revenue Service Name of the organization

Phillips County Farm Bureau

Employer identification number 71-0245792

Form 990, Part VI, Section A, line 6:
The Organization is a mutual benefit organization with members.
Form 990, Part VI, Section A, line 7a:
The board is elected annually by the general membership. Officers are
elected by the board.
Form 990, Part VI, Section A, line 7b:
Policy resolutions are subject to member approval.
Form 990, Part VI, Section B, line 11:
The 990 is submitted to the Board President who reviews and signs it.
Form 990, Part VI, Section B, Line 12c:
Informally, the board enforces the policy as problems arise.
Form 990, Part VI, Section B, Line 15:
The Organization does not have compensated officers or management
officials.
Form 990, Part VI, Section C, Line 19:
These documents are not available to the public.