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Department of the Treasury

# Extended to June 15, 2017 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Open to Public

		illiorination about Form 990 and its instructions i	<u>Salwww</u>	S.govnonnaau.	mapconon					
A F	or the 2	2015 calendar year, or tax year beginning NOV 1, 2015 and	ending (	OCT 31, 2016						
	heck if pplicable	C Name of organization		D Employer identific	cation number					
	Address change	Craighead County Farm Bureau								
	Name change	Doing business as		71-0257512						
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite							
	Final return/	P.O. Box 2397		•	935-5533					
	termin- ated	City_or_town, state_or_province, country, and ZIP_or_foreign-postal code	L	-G-Gross receipts \$	313,884.					
	Amended			H(a) Is this a group re						
	Applica-	F Name and address of principal officer Scott Gibson		for subordinates						
	pending	same as C above		H(b) Are all subordinates in						
1.7	ax-exem	npt status 501(c)(3) _X _501(c)( _5 _) ◀ (insert no.) 4947(a)(1)	or 527	<b>-</b>	list (see instructions)					
		▶ www.arfb.com/craighead	<u> </u>	H(c) Group exemption	•					
		ganization: X Corporation Trust Association Other	L Year		State of legal domicile: AF					
		Summary								
_	1 Br	riefly describe the organization's mission or most significant activities Agri	cultur	cal Promotion	<u> </u>					
JČ.		, <u> </u>			······································					
Activities & Governance	2 Ci	heck this box   if the organization discontinued its operations or dispo	sed of mor	e than 25% of its net as	sets					
Š	3 N	umber of voting members of the governing body (Part VI, line 1a)		3	35					
Ğ		umber of independent voting members of the governing body (Part VI, line 1b)		4	3.5					
စ္တ		otal number of individuals employed in calendar year 2015 (Part V, line 2a)		5	6					
jŧ.		otal number of volunteers (estimate if necessary)		6	65					
Ę		otal unrelated business revenue from Part VIII, column CI, Ine 2	7	7a	233,006.					
⋖	b Ne	et unrelated business taxable income from Form 990-7 line 34 1 V E U	Ì	7b	-3,739.					
				Prior Year	Current Year					
ø	8 C	ontributions and grants (Part VIII, line 1h)	51 <u> </u>	0.	0.					
Revenue	<b>9</b> Pr	rogram service revenue (Part VIII, line 2g)	2] [	70,836.	69,921.					
eve		vestment income (Part VIII, column (A), lines 3, 4, and 7d)	·	1,040.	684.					
<b>~</b>		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9Q10c, land ite),	1	245,878.	243,279.					
	1	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		317,754.	313,884.					
	1	rants and similar amounts paid (Part IX, column (A), lines 1-3)		225.	0.					
	14 Be	enefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
S	15 Sa	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		212,006.	210,019.					
Expenses	<b>16</b> a Pr	rofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
ğ	b To	otal fundraising expenses (Part IX, column (D), line 25)	0.		·					
ú	17 01	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		126,347.	113,461.					
	18 To	otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		338,578.	323,480.					
		evenue less expenses Subtract line 18 from line 12		-20,824.	-9,596.					
Net Assets or Fund Balances			Ве	eginning of Current Year	End of Year					
sets	20 To	otal assets (Part X, line 16)		267,374.	254,465.					
t As	21 To	otal liabilities (Part X, line 26)	L_	33,858.	30,545.					
홢		et assets or fund balances Subtract line 21 from line 20		233,516.	<u>223,920.</u>					
Pa	ırt II	Signature Block								
	-	es of perjury, I declare that I have examined this return, including accompanying schedule			knowledge and belief, it is					
true,	correct,	and complete. Deplaration of preparer (other than officer) is based on all information of wi	hich prepare	r has any knowledge.						
		- Uprha bruta								
Sign	ո   🧗	Signature of Officer Joshua Cordon President		Date 5 - (7 -	17					
Her	e			<del></del>	<u> </u>					
		Type or print name and title	<del>-,,</del> -							
		rint/Type preparer's name Preparer's signature	<b>I</b>	Date Check	T PTIN					
Paid		herry Chesser, CPA Show Chica	٠ .	5-3-17 self-employe	<del></del>					
Prep	_	rm's name ▶ Thomas & Thomas LLP		Firm's EIN ▶	71-0271741					
Use	Only F	ırm's address ≥ 201 E. Markham, Suite 500								
		Little Rock, AR 72201		Phone no. 5 0 :	<u>1-375-2025</u>					
May	the IRS	discuss this return with the preparer shown above? (see instructions)			X Yes No					

	rt III   Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission.
•	Agricultural Promotion
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
-3	-Did the organization cease conducting, or make significant changes in how it conducts, any program services?—————Yes———No-
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported
4a	
	(Code) (Expenses \$) (Revenue \$)  County Farm Bureau work is general in nature, helping farm families
	achieve educational improvements, economic opportunity, and social
	advancement.
4b	(Code) (Expenses \$
c	
4c	(Code) (Expenses \$
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4.	Total program service expenses

Form **990** (2015)

			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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	sımılar amounts as defined in Revenue Procedure 98-19?-If-"Yes,"-complete Schedule C, Part III	-5-	_X_	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			1
	Schedule D, Part III	8		X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			1
	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, VIII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		1	
	Part VI	11a	X	ļ
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			1
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	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	<b>↓</b>	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	ļ .	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> </u>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<del>  -</del> -	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<del> </del>	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		1	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			- V
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	<del> </del>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	_ ا		₩.
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	1		v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<del> </del>	<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<del> </del>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		v
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<del> </del>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		х
	complete Schedule G, Part III	19		$\perp \Delta$

Form 990 (2015) Craighead 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		X
b	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			
	-Schedule-J	_23-		_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		_X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
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,"			х
07	complete Schedule L, Part II	_26_		
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		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		- 21
20	instructions for applicable filing thresholds, conditions, and exceptions):	ļ		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	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?			
	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			
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		<u> X</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	_	<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	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?			
07	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	-		v
20	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?  Note. All Form 990 filers are required to complete Schedule O	38	Х	
	HOLE, All I Will 330 liters are required to complete ochequie O			(2015)

	Check if Schedule O contains a response or note to any line in this Part V									
					Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter ·0· if not applicable	1a	2							
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		,					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and rules	eporta	ble gamıng							
	(gambling) winnings to prize winners?			1c	X					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return  2a 6									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined			2b	X					
	_ <b>Note</b> ,_lf_the_sum_of_lines_1a.and.2a.is.greater_than_250,_you_may-be_required_to <i>e-file-</i> (see-instructions	s)								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			_3a	X					
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		<u>3</u> b	X	L				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ity over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial	accour	nt)?	4a		X				
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 A	ccoun	ts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action?		5b		X				
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			<u>5c</u>						
<del>6</del> a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne orga	ınızatıon solicit							
	any contributions that were not tax deductible as charitable contributions?			6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	tions o	r gifts							
_	were not tax deductible?			_6b						
7	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 set	rvices p	rovided 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 w to file Form 8282?	as requ	uirea	<b>-</b> -						
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		7c						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		t2	7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f						
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		99 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		· ·	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained									
	sponsoring organization have excess business holdings at any time during the year?	•		8		İ				
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b						
10	Section 501(c)(7) organizations. Enter									
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter					1				
а	Gross income from members or shareholders	11a				1				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	\ \			) !	1				
	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						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				1				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					<u> </u>				
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	$\vdash \vdash \vdash$	<u> </u>				
	Note. See the instructions for additional information the organization must report on Schedule O					1				
þ	Enter the amount of reserves the organization is required to maintain by the states in which the	i								
	organization is licensed to issue qualified health plans	13b								
	Enter the amount of reserves on hand	_13c			$\vdash \vdash \vdash$	7.5				
	Did the organization receive any payments for indoor tanning services during the tax year?	- 0		14a	$\vdash\vdash\vdash$	X				
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e U		14b	990	(0045				

Form 990 (2015) Craighead County Farm Bureau 71-0257512 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

	Check if Schedule O contains a response or note to any line in this Part VI			X							
Sec	tion A. Governing Body and Management			<u> </u>							
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 35			110							
	If there are material differences in voting rights among members of the governing body, or if the governing	1									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.										
b											
2	-										
	— officer, director, trustee, or key employee?———————————————————————————————————										
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_2_	<u>-X</u> -								
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X_							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X							
6	Did the organization have members or stockholders?	6	Х								
-	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
	more members of the governing body?	7a	x								
b	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										
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code )										
	The section of the se		Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		X							
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100									
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	11a		X							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х								
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	in Schedule O how this was done	12c	x								
13	Did the organization have a written whistleblower policy?	13		Х							
14	Did the organization have a written document retention and destruction policy?	14		Х							
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		х							
	Other officers or key employees of the organization	15b		Х							
	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										
	taxable entity during the year?	16a		Х							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
	exempt status with respect to such arrangements?	16b									
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ▶ None										
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) and 990-T (Section 501(c)(3)s only) are considered to the section of the s	availah	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	i finan	cial								
10	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										
20	The Organization - 870-935-5533			_							
	P.O. Box 2397, Jonesboro, AR 72402	<del></del>									

Form	വവ	(2015)	
	990	120131	

#### Craighead County Farm Bureau

71-0257512

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part V	or note to any line in this Part VII
--	--------------------------------------

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee "
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable\_compensation\_from.the\_organization\_and\_any\_related\_organizations.\_\_\_\_\_\_
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A)	(B)			((	C)			(D)	(E)	(F)
Name and Title	Average	(40	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week	-	cer an	dad	recto	or/trus	Tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	寶			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	truste	l trus	İ	98	m De	-	(***271093*****100)		and related
	below	dual	nstitutional trustee		Кеу етріоуее	estco	, <sub>15</sub>			organizations
	line)	Indiv	Insti	Officer	Keye	Highest compensated employee	Former			
(1) Josh Cureton	0.50									
President		X		X				0.	0.	0.
(2) Scott Gairhan	0.50									
1st Vice President		X		X			L.	0.	0.	0.
(3) Tony Bradley	0.50									
2nd Vice President		X		X	ļ		L	0.	0.	0.
(4) Mike Mahan	0.50						1			
Secretary/Treasurer		X	<u> </u>	X			<u> </u>	0.	0.	
(5) Mark Bowers	0.50									
Member		X				<u> </u>	<u> </u>	0.	0.	0.
(6) Jerome Boyd	0.50	ļ								_
Member		X	ļ. <u> </u>			<u> </u>	↓	0.	0.	0.
(7) Kieth Boyd	0.50	1						_	_	_
Member	ļ <u>.</u>	X				ļ	<u> </u>	0.	0.	0.
(8) Tim Burcham	0.50		1						_	_
Member		X	<u> </u>			<u> </u>	1_	0.	0.	0.
(9) Eddie Burris	0.50	1			Ì			_	_	_
Member		X	<u> </u>			<u> </u>	ļ	0.	0.	0.
(10) Joe Christian	0.50								_	_
Member		X	ļ			Ļ	↓_	0.	0.	0.
(11) Richard Coy	0.50	1						_	_	_
Member		X	<u> </u>			<u> </u>	↓	0.	0.	0.
(12) Michael Cureton	0.50						ļ		_	_
Member		X			<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(13) Barry Fielder	0.50	1								_
Member		X	_	ļ			<u> </u>	0.	0,	0.
(14) Chris Damron	0.50									_
Member		X	<u> </u>	Ĺ_		<u> </u>	↓_	0.	0.	0.
(15) Joe Gammill	0.50	1								_
Member		X	╙				↓	0.	0.	0.
(16) Bob Griffin	0.50									_
Member	<u> </u>	X	<u> </u>		_		↓	0.	0.	0.
(17) Cary Matthews	0.50	<b>↓_</b> _						_		_
Member		X		<u> </u>			L	0.	0.	0.

		ead County								71-0257	<u>512</u>	P	age <b>E</b>
Par	t VII Section A. Officers, Directors,		ploy	ees			ghe	st C					
	, (A) Name and title	(B) Average hours per week	box	, unle	Posi check i ess per nd a di	ntion more rson	than is bot	h an	(D)  Reportable compensation from	( <b>E</b> ) Reportable compensation from related	am	(F) timate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	comp fro orga and	pensa om the anizat d relat	e ion ed
(-18-) Memb	David-Hodges	0.50	х						0.	0.			0.
	Lennie Hogan	0.50	X						0.	0.			0.
	David Gairhan	0.50	X						0.	0.			0.
(21) Memb	Don Hosman	0.50	x						0.	0.			0.
(22) Memb	Bill Humphrey	0.50	х						0.	0.			0.
(23) <u>Memb</u>	Jason Martin er	0.50	х						0.	0.		_	0.
(24) Memb	James Peachey er	0.50	x						0.	0.			0.
	James Pierce	0.50	.,						0				0
Memb	Max Render	0.50	X	-			├	-	0.	0.			0.
Memb		0.30	x	l					0.	0.	ļ		0.
	Sub-total						-	<b>&gt;</b>	0.	0.			0.
С	Total from continuation sheets to Pa	art VII, Section A							0.	0.			_0.
<u>d</u>	Total (add lines 1b and 1c)							<u> </u>	0.	0.	L		0.
2	Total number of individuals (including	_	ose	liste	ed at	oove	e) wł	no r	received more than \$100	,000 of reportable			,
	compensation from the organization	<u> </u>							<del> </del>			Yes	No
3	Did the organization list any former of line 1a? If "Yes," complete Schedule J			e, ke	ey en	nplo	yee	, or	highest compensated e	mployee on		103	X
4	For any individual listed on line 1a, is t			amo	ensa	ation	n and	d ot	ther compensation from	the organization	3		
5	and related organizations greater than Did any person listed on line 1a receiv									idual for services	4		X
	rendered to the organization? If "Yes,"					-		Ciai			5		X
Sec	tion B. Independent Contractors												
1	Complete this table for your five highe the organization Report compensation										ation f	rom	
	( <b>A</b> Name and bus		N	ONI	E				(B) Description of s	services (	(C Comper		n

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

See Part VII, Section A Continuation sheets

Form 990 Craighead County Farm Bureau

71-0257512

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)  (A) (B) (C) (D) (E)										
(A)	(B)							(D)	(E)	(F)
Name and title	Average hours	/6			ition that		.11	Reportable compensation	Reportable compensation	Estimated amount of
	per	101	IOC	all	lilai	app	<i>(</i> עיי	from	from related	other
	week					<u>ရ</u> ွ		the	organizations	compensation
	(list any	횽				l ge		organization	(W-2/1099-MISC)	from the
	hours for	ge				ted ev		(W-2/1099-MISC)		organization
	related	stee o	rustee	1		Sensa				and related
	organizations	atin	la t		loyee	Comp				organizations
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) Bill Shannon	0.50					_				
Member		X						0.	0.	0.
(28) John Sloan	0.50									
Member		X		İ		Ĺ		0.	0.	0,
(29) Jeffrey Tubbs	0.50									
Member		X			ļ.,			0.	0.	0 .
(30) Jim Tubbs	0.50								-	
Member		x						0.	0.	0.
(31) Drew Davis	0.50				-		1			
Member		X			'			0.	0.	0
(32) Dan Hosman	0.50									
Member		x			1			0.		0,
(33) Joseph Smith	0.50									
Member		X			<u> </u>			_0.	0.	0.
(34) Nathan Wells	0.50									
Member	_	X				<u> </u>		0.	0.	0.
(35) Scott Gibson	0.50									
Member		X						0.	0.	0.
		]								
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Part VIII

71-0257512

Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c 1d d Related organizations e Government grants (contributions) 1e f All-other-contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$ h Total, Add lines 1a-1f Business Code 69,921. 2 a Membership Dues 110000 69,921. Program Service Revenue f All other program service revenue 69,921. Total. Add lines 2a-2f Investment income (including dividends, interest, and 684 684. other similar amounts) Income from investment of tax-exempt bond proceeds 5,692. 5,692. 5 Royalties (i) Real (II) Personal 2,400. 6 a Gross rents b Less rental expenses 0. 2,400. c Rental income or (loss) 2,400. 2,400. d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV. line 18 **b** Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less, cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 233,006. 233,006. 11 a Insurance Service Fees 524298 2,181. 2,181. ь Miscellaneous 542298 d All other revenue 235,187. e Total. Add lines 11a-11d 69,921. 233,006. 10,957. Total revenue. See instructions. 313,884. 12

Secti	on 501(c)(3) and 501(c)(4) organizations must com			omplete column (A)	
Do :	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	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				
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			<del> </del>	
	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			ļ	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		<del></del>		
7	Other salaries and wages	188,071.	<del></del>		
8	Pension plan accruals and contributions (include	}		1	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	6,851.		ļ	
10	Payroll taxes	15,097.			<del></del>
11	Fees for services (non-employees)				
a	Management		<del></del>		
þ	Legal	600		<del> </del>	<del></del> -
C	Accounting	600.		<u> </u>	
d	Lobbying  Professional fundrations persuase See Best IV line 17				<del></del> _
e	Professional fundraising services. See Part IV, line 17		<del></del>	<del> </del>	<del></del>
f ~	Investment management fees Other (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	11,075.		<del></del>	· · · · · · · · · · · · · · · · · · ·
13	Office expenses	31,023.		<del> </del>	<del></del>
14	Information technology	31,0231		<del> </del>	<del></del>
15	Royalties		<del></del>		
16	Occupancy	35,884.			<del> </del>
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	22,878.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,383.			
23	Insurance				
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	3,579.	······································		
b	Membership Drive	605.	<del></del>	ļ	
С	Miscellaneous	434.	<u> </u>	<del>                                     </del>	
d	All others			<del> </del>	
e	All other expenses	222 400	<del></del>	<del>                                     </del>	
25	Total functional expenses Add lines 1 through 24e	323,480.	<del></del>	<del></del>	
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	ļ		1	ı
	Check here figures of following SOP 98-2 (ASC 958-720)				
				<u> </u>	

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 267. 267. Cash - non-interest-bearing 1 1 184,730. 179,203 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part-II-of-Schedule-L -5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 519,858. basis Complete Part VI of Schedule D 10a 444,863. 82,377. 74,995. 10c b Less accumulated depreciation 10b 11 11 Investments - publicly traded securities 12 Investments - other securities See Part IV, line 11 12 Investments · program-related See Part IV, line 11 13 13 Intangible assets 14 14 Other assets See Part IV, line 11 15 15 267,374 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 6,011. 4,269. 17 17 Accounts payable and accrued expenses 18 Grants payable 18 27,847. 26,276. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 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 30,545 33,858. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 0. 0. 31 Paid-in or capital surplus, or land, building, or equipment fund 31 223,920. 233,516. Retained earnings, endowment, accumulated income, or other funds 32 32

223,920.

233,516.

267,374.

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

orm	990 (2015) Craighead County Farm Bureau 71-0	257512	Page <b>12</b>
Pai	t XI Reconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		
1	Total revenue (must equal Part VIII, column (A), line 12)		3, <u>884</u> .
2	Total expenses (must equal Part IX, column (A), line 25)		<u>3,480.</u>
3	Revenue less expenses Subtract line 2 from line 1		9,596.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	233	<u>3,516.</u>
5	Net unrealized gains (losses) on investments		
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)		<u> </u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,		
	column (B))	223	<u>3,920.</u>
Pa	rt XII Financial Statements and Reporting		
	Check if Schedule O contains a response or note to any line in this Part XII		
	- · · · · · · · · · · · · · · · · · · ·		Yes No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other	_	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
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 on a		
	separate basis, consolidated basis, or both	1 1	
	Separate basis Consolidated basis Both consolidated and separate basis		j
þ	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	1 1	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,		
	review, or compilation of its financial statements and selection of an independent accountant?	2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	ļ ļ	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit		
	Act and OMB Circular A-133?	3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	
		Form	<b>990</b> (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.irs.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

Section 501(c)(4), (5), or (6) organizations Complete Part III

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

Nam	e of organization				Emplo	oyer identification number
	Craighe	ad County Farm E	Bureau			71-0257512
Pa	rt I-A Complete if the org	anization is exempt und	der section 501(c)	or is a section 5	27 or	ganization.
2	Provide a description of the organiz Political expenditures Volunteer hours					
Pa	rt I-B Complete if the org	anization is exempt und	der section 501(c)	)(3).		
1	Enter the amount of any excise tax	incurred by the organization un	der section 4955		▶\$	
2	Enter the amount of any excise tax	incurred by organization manag	ers under section 495	5	▶\$	
3	If the organization incurred a section	n 4955 tax, did it file Form 4720	for this year?			Yes No
4a	Was a correction made?					Yes No
b	If "Yes," describe in Part IV					
Pa	rt I-C Complete if the org	anization is exempt und	der section 501(c)	), except section	501(0	c)(3)
1	Enter the amount directly expended	by the filing organization for se	ection 527 exempt fund	ction activities	▶\$	
2	Enter the amount of the filing organ	zation's funds contributed to o	ther organizations for s	section 527		
	exempt function activities				▶\$	
3	Total exempt function expenditures	Add lines 1 and 2 Enter here	and on Form 1120-POI	L,		
	line 17b				▶\$	
	Did the filing organization file Form	· ·				L Yes L No
5	Enter the names, addresses and en made payments. For each organizar contributions received that were pro-	tion listed, enter the amount pa	id from the filing organ	ization's funds Also e	nter the	e amount of political
	political action committee (PAC) If a	additional space is needed, pro	vide information in Par	t IV		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid filing organization funds. If none, ent	n's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0
					<u> </u>	
_						
			-			
				-	<del></del>	

Schedule C (Form 990 or 990-EZ) 2015 Cr Part II-A Complete if the organi section 501(h)).	aighead C zation is exer	ounty Farm npt under sectio	<u>Bureau</u> n 501(c)(3) and fil	71-0 ed Form 5768 (	0257512 Page 2 election under
A Check ▶ ☐ if the filing organization	belongs to an affi	lated group (and list in	Part IV each affiliated	group member's nar	me, address, EIN.
expenses, and share of	-	- · · ·		<b>9</b> p	,,
B Check ▶ ☐ if the filing organization	, ,	• •	ovisions apply		
	n Lobbying Expe	nditures		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence	e public opinion (	grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)					
——c—Total-lobbying-expenditures-(add-lines-	•				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (ac	d lines 1c and 1c	1)			
f Lobbying nontaxable amount Enter th		·	h columns		† <del></del>
				-	
If the amount on line 1e, column (a) or (b)		bying nontaxable am			
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,000,00		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,500,0		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,000	· · · · · ·	00 plus 5% of the exce	ess over \$1,500,000		
Over \$17,000,000	\$1,000,	000			
g Grassroots nontaxable amount (enter a h Subtract line 1g from line 1a. If zero or i Subtract line 1f from line 1c. If zero or j If there is an amount other than zero o reporting section 4911 tax for this year	less, enter -0- ess, enter -0- n either line 1h or	line 1ı, did the organiz			Yes No
(Some organizations that	made a section 5		have to complete all	of the five columns	below.
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2012	( <b>ь)</b> 2013	(c) 2014	<b>(d)</b> 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
			<del>                                     </del>		
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2015 Craighead County Farm Bureau 71-0257512 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a)		(b)	
		Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
	Volunteers?				
С	-Paid-staff-or-management-(include-compensation-in-expenses-reported-on-lines-1c-through-1i)?—— Media advertisements?				<u>=</u>
	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?		-		<del></del>
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	<u> </u>	<del>  -  </del>		
i	Other activities?		<del>                                     </del>		
j	Total Add lines 1c through 1i		-		
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		<u> </u>		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	: F04/a	\(\( \)		<del></del>
Par	t III-A Complete if the organization is exempt under section 501(c)(4), sect	ion sur(c)	(5), or se	ction	
	501(c)(6).				N1 -
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1 1	X	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	X	77
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? t III-B Complete if the organization is exempt under section 501(c)(4), sect	ion 501/o	(5) or so	ction	X
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				ne 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	tical			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex-	xcess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
	expenditure next year?		4		
_5_	Taxable amount of lobbying and political expenditures (see instructions)		5		
	t IV Supplemental Information	<del></del>	<del></del>		<del></del>
	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5; Part II-A (affiliated grou	ıp list), Part I	II-A, lines 1 a	ınd 2 (see	
ınstn	uctions), and Part II-B, line 1 Also, complete this part for any additional information				
			<del>.</del>		
			-		

#### SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

# 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

Employer identification number

Craighead County Farm Bureau 71-0257512 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds Yes are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Vac No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) - Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide 2 the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

		ad County						<u>71-02</u>			ige <b>2</b>
Pai	t III   Organizations Maintaining C										
3	Using the organization's acquisition, accessi	on, and other record	ds, checl	k any of the	following that	t are a sign	iificant	use of its	collectio	n item	5
	(check all that apply)										
а	Public exhibition	C			hange progra	ıms					
b	Scholarly research	€	•	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	·		-	=			ose in Pari	t XIII.		
5	During the year, did the organization solicit of					er sımılar a:	ssets	_	7		,
<b>D</b>	to be sold to raise funds rather than to be m								<u>Yes</u>		No
Pai	t IV Escrow and Custodial Arran		ete if the	organizatioi	n answered "	'Yes" on Fo	orm 990	), Part IV,	line 9, or	•	
	reported an amount on Form 990, Pa	<del></del>									=
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	s or other as:	sets not in	cluded	<del></del>	٦.,	_	1
	on Form 990, Part X?								Yes	_	No
b	If "Yes," explain the arrangement in Part XIII	and complete the to	ollowing 1	able					<b>A</b>		
	5						<del>  </del>		Amoun	<u> </u>	
С.	Beginning balance						1c				
d	Additions during the year						1d	<del></del>			
e	Distributions during the year						1e		_		
f O-	Ending balance	000 Dart V Iva	01 5			والمراجع المحادية	1f		7.		1
2a	Did the organization include an amount on F					•	1	L	Yes	늗	l No
	If "Yes," explain the arrangement in Part XIII t V Endowment Funds. Complete							<del></del>			
	Lindownione Fundo: Complete				(c) Two year		Three	eare hack	(e) Four	r VASTS	hack
10	Reginning of year balance	(a) Current year	(6)	rior year	(C) TWO year	S Dack (Q	i inice y	tears back	(e) i oui	years	UAUN
1a	Beginning of year balance Contributions										
b						<del></del>					
C	Net investment earnings, gains, and losses Grants or scholarships		-				<del></del>				
d	Other expenditures for facilities		<del>                                     </del>			<del></del>		<del></del>	ļ.—. <u> —</u>		
е											
	and programs		<u> </u>						-		
t ~	Administrative expenses		<del>                                     </del>			<del></del>					
g	End of year balance	ront waar and balan		a solumn (o	\\ hold oo:				L		
2	Provide the estimated percentage of the cur	rent year end balant		g, column (a	ij) neid as						
a	Board designated or quasi-endowment ▶  Permanent endowment ▶	<u></u> %	%								
b		<del></del> -									
C	Temporarily restricted endowment ►  The percentages on lines 2a, 2b, and 2c sho	%									
0-		,	ation the	st are held a	ad administa	rad far tha	0.000	rotion			
Sa	Are there endowment funds not in the posse	ession of the organiz	auon in	at are nelu al	na administe	ied for the	organia	Lation		Yes	NI-
	by								2=(1)	res	No
	(i) unrelated organizations	•							3a(i)		
	(ii) related organizations	ations listed some	rad a= 0	abadula DO					3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza	•							_3b_		
Pai	To VI Land, Buildings, and Equipm		owment	tunas							
. u	Complete if the organization answere		∩ Part I\	/ line 11a S	See Form 990	Part Y lin	10 م				
	Description of property	(a) Cost or o		(b) Cost		(c) Acc		od	(d) Boo	k valu	
	Description of property	basis (investi		basis (			eciation		(0) 600	K Valu	7
	Land	2233 (11146311			8,200.	Gopie			<del>-</del>	8,2	กก
	Buildings	<del>                                     </del>			3,658.	2:	30,5	13		$\frac{3,2}{3,1}$	
	Leasehold improvements			<u></u>	<del>5,550.</del>		, , , ,			<u> </u>	
9	Equipment			21	2,526.	20	8,8	76.		3,6	50
	Other				5,474.		$\frac{5,6}{5,4}$			<u>,, ,</u>	0.
	Add lines 1a through 1e (Column (d) must e	aud Form 900 Port	V colum				J 1 ±	,	7	4 9	

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.
 Schedule D (Form 990) 2015

(8)

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

	t XI Reconciliation of Revenue per Audited Financial St	atements With Reven	ue ber keturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, I		ar per victariii	
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		2e	
3	Subtract line 2e from line 1		3	
<b>-4</b> -	-Amounts-included-on-Form-990, Part-VIII, line-12, but-not-on-line-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 Do:	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12		5 Deturn	
Pa	rt XII Reconciliation of Expenses per Audited Financial S		ises per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 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	10-1		
a	Donated services and use of facilities  Prior year adjustments	2a   2b		
b	Other losses	2c 2c	<del></del>	
d		2d		
e	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			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
а				
a b	Other (Describe in Part XIII )	4b		
b			4c	
b c <u>5</u>	Other (Describe in Part XIII ) Add lines <b>4a</b> and <b>4b</b> Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line	4b	4c 5	
b c 5 <b>Pa</b>	Other (Describe in Part XIII ) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII   Supplemental Information.	4b	5	
b 5 <b>Pa</b> Prov	Other (Describe in Part XIII )  Add lines 4a and 4b  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 1.	18) 14; Part IV, lines 1b and 2b, I	5	
b 5 <b>Pa</b> Prov	Other (Describe in Part XIII ) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII   Supplemental Information.	18) 14; Part IV, lines 1b and 2b, I	5	
b 5 <b>Pa</b> Prov	Other (Describe in Part XIII )  Add lines 4a and 4b  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 1.	18) 14; Part IV, lines 1b and 2b, I	5	
b 5 <b>Pa</b> Prov	Other (Describe in Part XIII )  Add lines 4a and 4b  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 1.	18) 14; Part IV, lines 1b and 2b, I	5	
b 5 <b>Pa</b> Prov	Other (Describe in Part XIII )  Add lines 4a and 4b  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 1.	18) 14; Part IV, lines 1b and 2b, I	5	
b 5 <b>Pa</b> Prov	Other (Describe in Part XIII )  Add lines 4a and 4b  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 1.	18) 14; Part IV, lines 1b and 2b, I	5	
b 5 <b>Pa</b> Prov	Other (Describe in Part XIII )  Add lines 4a and 4b  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 1.	18) 14; Part IV, lines 1b and 2b, I	5	
b 5 <b>Pa</b> Prov	Other (Describe in Part XIII )  Add lines 4a and 4b  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 1.	18) 14; Part IV, lines 1b and 2b, I	5	
b 5 <b>Pa</b> Prov	Other (Describe in Part XIII )  Add lines 4a and 4b  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 1.	18) 14; Part IV, lines 1b and 2b, I	5	
b 5 <b>Pa</b> Prov	Other (Describe in Part XIII )  Add lines 4a and 4b  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 1.	18) 14; Part IV, lines 1b and 2b, I	5	
b 5 <b>Pa</b> Prov	Other (Describe in Part XIII )  Add lines 4a and 4b  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 1.	18) 14; Part IV, lines 1b and 2b, I	5	
b 5 <b>Pa</b> Prov	Other (Describe in Part XIII )  Add lines 4a and 4b  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 1.	18) 14; Part IV, lines 1b and 2b, I	5	
b 5 <b>Pa</b> Prov	Other (Describe in Part XIII )  Add lines 4a and 4b  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 1.	18) 14; Part IV, lines 1b and 2b, I	5	
b 5 <b>Pa</b> Prov	Other (Describe in Part XIII )  Add lines 4a and 4b  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 1.	18) 14; Part IV, lines 1b and 2b, I	5	
b 5 <b>Pa</b> Prov	Other (Describe in Part XIII )  Add lines 4a and 4b  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 1.	18) 14; Part IV, lines 1b and 2b, I	5	
b 5 <b>Pa</b> Prov	Other (Describe in Part XIII )  Add lines 4a and 4b  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 1.	18) 14; Part IV, lines 1b and 2b, I	5	
b 5 <b>Pa</b> Prov	Other (Describe in Part XIII )  Add lines 4a and 4b  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 1.	18) 14; Part IV, lines 1b and 2b, I	5	
b 5 <b>Pa</b> Prov	Other (Describe in Part XIII )  Add lines 4a and 4b  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 1.	18) 14; Part IV, lines 1b and 2b, I	5	
b 5 <b>Pa</b> Prov	Other (Describe in Part XIII )  Add lines 4a and 4b  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 1.	18) 14; Part IV, lines 1b and 2b, I	5	
b 5 <b>Pa</b> Prov	Other (Describe in Part XIII )  Add lines 4a and 4b  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 1.	18) 14; Part IV, lines 1b and 2b, I	5	
b 5 <b>Pa</b> Prov	Other (Describe in Part XIII )  Add lines 4a and 4b  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 1.	18) 14; Part IV, lines 1b and 2b, I	5	
b 5 <b>Pa</b> Prov	Other (Describe in Part XIII )  Add lines 4a and 4b  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 1.	18) 14; Part IV, lines 1b and 2b, I	5	
b 5 <b>Pa</b> Prov	Other (Describe in Part XIII )  Add lines 4a and 4b  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 1.	18) 14; Part IV, lines 1b and 2b, I	5	
b 5 <b>Pa</b> Prov	Other (Describe in Part XIII )  Add lines 4a and 4b  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 1.	18) 14; Part IV, lines 1b and 2b, I	5	
b 5 <b>Pa</b> Prov	Other (Describe in Part XIII )  Add lines 4a and 4b  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 1.	18) 14; Part IV, lines 1b and 2b, I	5	

Schedule D (Form 990) 2015

532054 09-21-15

### **SCHEDULE 0**

Internal Revenue Service

(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.lrs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Craighead County Farm Bureau

Employer identification number 71-0257512

Form 990, Part VI, Section A, line 2:
Mark Bowers & Joe Christian - family relationship
Michael Cureton & Josh Cureton - family & business relationship
David Gairhan & Thomas Gairhan - family & business relationship
Scott Gibson & David Hodges - family & business relationship
Don Hosman & Dan Hosman - family & business relationship
Jerome Boyd & Keith Boyd - family relationship
Form 990, Part VI, Section A, line 6:
The Organization is a mutual benefit organization with members.
Form 990, Part VI, Section A, line 7a:
The board is elected annually by the general membership. Officers are elected by the board.
Form 990, Part VI, Section A, line 7b:  Policy resolutions are subject to member approval.
Form 990, Part VI, Section B, line 11:
The 990 is presented in a board meeting to all board members in attendance.
Form 990, Part VI, Section B, Line 12c:
The conflict of interest policy in place requires officers to disclose
annually situations which may give rise to conflicts of interest. Any
board member refusing to sign will be removed from the board.

Name of the organization  Craighead County Farm Bureau	Employer identification number 71-0257512
Form 990, Part VI, Section B, Line 15:	
The Organization does not have compensated officers or ma	nagement
officials.	
Form 990, Part VI, Section C, Line 19:	
These documents are not available to the public.	
	<del></del>
	· · · · · · · · · · · · · · · · · · ·