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Department of t'se Treasury Internal Revenue Service

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.

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

OMB No 1545-0047 Open to Public Inspection

<u>A</u> 1	For th	e 2015 calendar year, or tax year beginning NOV 1, 2015 and e	nding ()	CT 31, 2016	
В	Check if applicab	C Name of organization		D Employer identific	cation number
	Addre	Jackson County Farm Bureau			
Ē	Name			71-0	257803
Ē	Initial		oom/suite	E Telephone number	
F	Final	206 North Harwood Street	00111134110	'	523-8946
_	lreturn term⊪ ated			G Gross receipts \$	148,715.
	Amen	ded 170 3D 70110		H(a) is this a group re	
F	Applic	<del></del>		for subordinates	——————————————————————————————————————
<u> </u>	Lion pendi	same as C above			
$\overline{}$	Fav.ov	empt status: $\square$ 501(c)(3) $\boxed{\mathbf{X}}$ 501(c) ( 5 ) $\blacktriangleleft$ (insert no.) $\square$ 4947(a)(1) or	527	H(b) Are all subordinates in	list (see instructions)
		te: <b>www.arfb.com/jackson</b>	L 32 <i>1</i>		
		organization: X Corporation Trust Association Other	Voor (	H(c) Group exemption	State of legal domicile: AR
	art I	Summary	L real (	or iornialion. 1330 M	State of legal dofffiche, AR
نٺ	<del></del>	Briefly describe the organization's mission or most significant activities Agrici	1 +	al Promotion	•
Activities & Governance	1	Briefly describe the organization's mission or most significant activities AGLIC	uicui	al Promotion	
ž	2	Check this box   if the organization discontinued its operations or dispose	d of more	than 25% of its net as	sets
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	19
Ü	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	19
SS	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)		5	3
ž	6	Total number of volunteers (estimate if necessary)		6	79
Cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7 <u>a</u>	107,029.
⋖	ь	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
<b>⊕</b>	8	Contributions and grants (Part VIII, line 1h)		0.	0.
Revenue	i	Program service revenue (Part VIII, line 2g)		34,448.	34,297.
eve	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		959.	966.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		111,786.	113,452.
	Ĭ	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		147,193.	148,715.
	<del></del>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,092.	3,499.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		64,965.	72,715.
⊊ Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
	b		0.		
ű,	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		53,624.	53,921.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A, Tine 25)	1	120,681.	130,135.
تت ده	19	Revenue less expenses Subtract line 18 from line 12	1	26,512.	18,580.
Or (393)	Į.	E EED 9 9 2007 IC	Bec	unning of Current Year	End of Year
ages Bases	<b>7</b> .	Total assets (Part X, line 16)		515,411.	532,733.
ASS	21	Total liabilities (Part X, line 26)		14,462.	13,204.
E S	22	Net assets or fund balances Subtract line 21 from line 2000 DEM. UT		500,949.	519,529.
	ift II	Signature Block	<del></del>		
		ilties of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	ents, and to the best of my	knowledge and belief, it is
	4/3	ct, and complete. Declaration of preparer (other than officer) is based on all information of whic		-	ting thing go and control, the
		ledy by for kum by MA -	р. срест	10-14-	17
Sıgı	n	Signature of officer		Date	<del></del>
Her					
1101	C	Type or print name and title		<del></del>	
		Print/Type preparer's name Preparer's signature		ate Check	PTIN
Paid	I	Sherry Chesser, CPA Secus Cress	12	2-7-17   if self-employer	P00174819
	arer	Firm's name Thomas & Thomas LLP		Firm's EIN	71-0271741
	Only	Firm's address 201 E. Markham, Suite 500		Timstin	17 0017127
USE	July	Little Rock, AR 72201		Phone no 501	L-375-2025
Mar	the II	3S discuss this return with the preparer shown above? (see instructions)		11 110116 110.50	X Yes No

Forn	n 990 (2015) Jackson County Farm Bureau	71-0257803	Page 2
Pa	ert 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?	L∣Yes	X No
_	If "Yes," describe these new services on Schedule O		(===
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	s?Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services,		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	thers, the total expenses,	and
	revenue, if any, for each program service reported		<del></del>
4a		venue \$	)
	County Farm Bureau work is general in nature, helping		
	achieve educational improvements, economic opportunity	, and social	
	advancement.	<del></del>	
			<del></del>
		<del></del>	
		<del></del>	
4h	/6		
4b	(Code) (Expenses \$) (Rev	/enue \$	·'
			<del></del> ,
			· · · · · · ·
		<del></del>	
		<del></del>	
		<del></del>	
		<del></del>	
		<del></del>	
4c	(Code) (Expenses \$	venue \$	)
			· · ·
4d	Other program services (Describe in Schedule O )		
	(Expenses \$ including grants of \$ ) (Revenue \$		
4e	Total program service expenses ▶		
		Form 9	90 (2015)

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Form 990 (2015)

Jackson County Farm Bureau

Part IV | Checklist of Required Schedules

	1		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			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	<u>X</u>	
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		<u>X</u> _
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_		<u>X</u> _
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		{	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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,		v	
	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	446		X_
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11c		X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	110		
a		11d		X
_	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's separate of consolidated financial statements for the tax year mediate a recently for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	i 1	X
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII	12a		X
h	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>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<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			
	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,"		. [	
	complete Schedule G, Part III	19		<u> X</u>

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Form 990 (2015)

| Part IV | Checklist of Required Schedules (continued)

				r
			Yes	
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	ļ	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
22	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			- T
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
20	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
94 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
270	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		х
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		
ď	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	Ì		
	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,			v
	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	30		Х
24	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31	If "Yes," complete Schedule N, Part I	31	1	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
<i>.</i>	Schedule N, Part II	32	- 1	Х
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	İ	1	
	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?		ł	
	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	1	[	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	j		
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2015)

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	003	<u> </u>	age •
	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		103	110
b		j		Ì
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		ļ	1
	(gambling) winnings to prize winners?	1c	X	Ì
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			<del>                                     </del>
	filed for the calendar year ending with or within the year covered by this return  2a  3	l	ł	ł
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	x	]
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	X	
	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	1 !	Х
b	If "Yes," enter the name of the foreign country.	- 1		
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		1 :	
5a		5a	[ ]	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			-
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
-	were not tax deductible?	6b	}	
7	Organizations that may receive deductible contributions under section 170(c).		ļ	
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		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
-	to file Form 8282?	7с	{	
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		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
•	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		· .	
	sponsoring organization have excess business holdings at any time during the year?	8	} ;	
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			
a	Initiation fees and capital contributions included on Part VIII, line 12		1 1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		[ [	
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders		<b> </b>	
b	Gross income from other sources (Do not net amounts due or paid to other sources against		} }	ı
	amounts due or received from them)		1 1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2015)

Jackson County Farm Bureau

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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			$\mathbf{x}$
Sec	tion A. Governing Body and Management			
		_	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 19			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
-	officer, director, trustee, or key employee?	2	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		Х
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	<u> </u>
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		
, a		7a	X	
h	more members of the governing body?  Are any governance decisions of the exposuration recorded to (or subject to approval by) members, stockholders, or	ra	Λ	
U	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7b	X	
	persons other than the governing body?	75	<u> </u>	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0	X	
a	The governing body?	8a	X	
ь	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		х
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9_		
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	-	Van	Ma
40 -	Did the comments the classical about on bounding or officers.	40=	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	106		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		X
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
b		40-	v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v	
	in Schedule O how this was done	12c	<u>X</u>	v
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		<u>X</u> _
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			<b>.</b>
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	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	ıvaılab	10	
	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 - 870-523-8946			
	206 North Harwood Street, Newport, AR 72112			

Carm	വവ	(2015)	

## Jackson County Farm Bureau

71-0257803

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

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

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

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

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

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	(40	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson	ıs bot	h an	compensation	compensation	amount of
	week		ceran	dad T	recto	r/trus	tee)	from	from related	other
	(list any	iecto						the	organizations	compensation
	hours for	50	8			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust		23	Den		(W-2/1099-MISC)		organization and related
	organizations below	ual tr	tonal		yoldr	E st	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Brent Lassiter	0.50									
President		Х		X				0.	0.	0.
(2) Tommy Young	0.50									
Vice President		X		X				0.	0.	0.
(3) Carey Robertson	0.50									· -
Secretary		X		X				0.	0.	0.
(4) Levi Carlton	0.50									
Member		Х						0.	0.	0.
(5) Kenneth Clark	0.50									
Member		X						0.	0.	0.
(6) Tony Davis	0.50									
Member		X						0.	0.	0.
(7) Dennis Haigwood	0.50									
Member		X						0.	0.	0.
(8) Drew Haigwood	0.50						Ì		_	_
Member		X				_		0.	0.	0.
(9) Derek Haigwood	0.50									_
Member		X					ļ	0.	0.	0.
(10) Marvin Hare	0.50									
Member		X					<u> </u>	0.	0.	0.
(11) Jennifer James	0.50									
Member		Х					<u> </u>	0.	0.	0.
(12) Keith Kinard	0.50									•
Member	0.50	X						0.	0.	0.
(13) Jim Young	0.50	,,							.	
Member	0 50	X	-			_		0.	0.	0.
(14) Virgil Lancaster	0.50	<b>1</b>						0.	0.	0
Member	0 50	X						0.	<u> </u>	0.
(15) Hervey Madden	0.50	x						0.	0.	0.
Member (16) Wash Washington	0.50	Λ	-			-		0.		
(16) Mark McGaughey Member	0.30	x						0.	0.	0.
(17) Sam Nicholson	0.50	-17		-			_		<u> </u>	<u></u>
Member	0.50	Х						0.	0.	0.
532007 12-16-15	I	-2		لــــا				· · · · · · · · · · · · · · · · · · ·		Form <b>990</b> (2015)
302001 12-10-10										(20.0)

Jackson County Farm Bureau

71-0257803

Form 990 (2015)

532008 12-16-15

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or (C) Unrelated (D) Revenue excluded from tax under Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f Business Code 34,297. 2 a Membership Dues 34,297. Program Service Revenue 110000 f All other program service revenue 34,297. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 966. 966. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 2,223. 2,223. Royalties (II) Personal (ı) Real 3,150. 6 a Gross rents 0. **b** Less rental expenses 3,150. c Rental income or (loss) 3,150. 3,150. 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** 107,029. 107,029 524298 11 a Insurance Service Fees 1,050. 453000 1,050. ь Miscellaneous d All other revenue 108,079. e Total. Add lines 11a-11d 148,715. 34,297, 107,029. 7.389. Total revenue See instructions

# Form 990 (2015) Jackson County Farm Bureau Part IX Statement of Functional Expenses

Sect	tion 501(c)(3) and 501(c)(4) organizations must com	polete all columns. All oth	or organizations must a	nomplete selumn (A)	
000	Check if Schedule O contains a respon			ompiete column (A)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				<u> </u>
	and domestic governments. See Part IV, line 21	3,499.			
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)				
7	Other salaries and wages	59,687.			***
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	7,580.			
9	Other employee benefits				
10	Payroll taxes	5,448.			
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	600.			
d	, ,				<u>.</u>
е	Professional fundraising services. See Part IV, line 17			<u> </u>	
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	1 000			<del> </del>
12	Advertising and promotion	1,229.	<del></del>		
13	Office expenses	6,984.	<u> </u>		
14	Information technology				·
15	Royalties	16,547.			<del></del>
16	Occupancy	10,54/.	<del></del>	<del></del>	
17	Travel  Payments of travel or entertainment expenses		<del></del>		·
18	. 1				
40	for any federal, state, or local public officials  Conferences, conventions, and meetings	15,360.			
19 20	Interest	13,300.			· · · · · · · · · · · · · · · · · · ·
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,289.			·
23	Insurance	608.			
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 & Safety	1,931.		<del> </del>	
b	Miscellaneous	373.			
C		3/3-			
d					
_	All other expenses				<del></del>
25	Total functional expenses. Add lines 1 through 24e	130,135.	· · · · · · · · · · · · · · · · · · ·		
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	ĺ			
_	Check here If following SOP 98-2 (ASC 958-720)				
	<del></del>				

<u>ar</u>	7 X	Balance Sneet	_		
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		<b>(B)</b> End of year
1	1	Cash - non-interest-bearing		1	
ļ	2	Savings and temporary cash investments	304,411.	2	332,022
1	3	Pledges and grants receivable, net	<del></del>	3	 
l	4	Accounts receivable, net		4	 
	5	Loans and other receivables from current and former officers, directors,			
- {		trustees, key employees, and highest compensated employees. Complete			
- [		Part II of Schedule L	<u> </u>	_5	ļ
1	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
-		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
	7	Notes and loans receivable, net	· · · · · · · · · · · · · · · · · · ·	7	<u> </u>
1	8	Inventories for sale or use	<u> </u>	8	<u> </u>
- (	9	Prepaid expenses and deferred charges	<del></del>	9	
-	10a	Land, buildings, and equipment cost or other			)
		basis Complete Part VI of Schedule D 10a 385,834.			
	b	Less accumulated depreciation 10b 185,123.	211,000.	10c	200,711
	11	Investments - publicly traded securities		_11_	
-	12	Investments - other securities See Part IV, line 11		12	
	13	Investments · program-related See Part IV, line 11	<del></del>	13	<u></u>
-	14	Intangible assets		14	<del> </del>
-	15	Other assets. See Part IV, line 11	F1 F 411	15	F20 F2
4	16_	Total assets. Add lines 1 through 15 (must equal line 34)	515,411.	16	532,733
	17	Accounts payable and accrued expenses	1,255.	_17_	1,111
-	18	Grants payable	12 207	18	12 003
	19	Deferred revenue	13,207.	19	12,093
	20	Tax-exempt bond liabilities		20	<del> </del>
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees,			
		key employees, highest compensated employees, and disqualified persons		00	
		Complete Part II of Schedule L		22	<del></del>
1	23	Secured mortgages and notes payable to unrelated third parties		23 24	
	24 25	Unsecured notes and loans payable to unrelated third parties  Other liabilities (including foders) pages tax, payables to related third.		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			
1		Schedule D		25	
1	26	Total liabilities. Add lines 17 through 25	14,462.	26	13,204
$\dashv$	20_	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
		complete lines 27 through 29, and lines 33 and 34.			
1	27	Unrestricted net assets		27	
- [	28	Temporarily restricted net assets		28	<del></del>
}	29	Permanently restricted net assets		29	
}		Organizations that do not follow SFAS 117 (ASC 958), check here ► X			<del> </del>
- [		and complete lines 30 through 34.			
-	30	Capital stock or trust principal, or current funds	0.	30	
1	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	(
1	32	Retained earnings, endowment, accumulated income, or other funds	500,949.	32	519,529
J		-	500,949.	33	519,529
	33	Total net assets or fund balances			

	1990 (2015) Jackson County Farm Bureau	71-0	0257803	Page <b>12</b>
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	148	,715.
2	Total expenses (must equal Part IX, column (A), line 25)	2	130	,135.
3	Revenue less expenses Subtract line 2 from line 1	3		,580.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	500	,949.
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	519	<u>,529.</u>
Pa	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				es 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	0	{ }	}
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		1 1	
b	Were the organization's financial statements audited by an independent accountant?		2b	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		
	consolidated basis, or both		- 1	j
	Separate basis Consolidated basis Both consolidated and separate basis		} }	-
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		}
	review, or compilation of its financial statements and selection of an independent accountant?	1 -1 - 0	2c	
_	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		.	}
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngie Audi	1 1	•
	Act and OMB Circular A-133?		3a	X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	irea audi	1 1	1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	90 (2015)
			Form 3	(2013)

## **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.				
_	ne of organization			1	Employer identification nu	mber
	Jackson	County Farm Bure	au		71-0257803	,
Pa	art I-A Complete if the org	ganization is exempt unde	r section 501(c)	or is a section 52	27 organization.	
2	Provide a description of the organize Political expenditures Volunteer hours	zation's direct and indirect political	campaign activities ii	n Part IV	<b>&gt;</b> \$	
Pa	art I-B Complete if the ord	ganization is exempt unde	r section 501(c)(	3).		
	Enter the amount of any excise tax			<u></u>	<b>▶</b> \$	
	Enter the amount of any excise tax	,			<b>&gt;</b> \$	
	If the organization incurred a section	•			Yes	No
	Was a correction made?				Yes	No
b	If "Yes," describe in Part IV					
	rt I-C Complete if the org	ganization is exempt unde	r section 501(c),	except section 5	501(c)(3).	
1	Enter the amount directly expended	d by the filing organization for sect	on 527 exempt funct	ion activities	▶\$	
2	Enter the amount of the filing organ	nization's funds contributed to other	er organizations for se	ection 527		
	exempt function activities		•		<b>▶</b> \$	
3	Total exempt function expenditures	s Add lines 1 and 2 Enter here an	d on Form 1120-POL,			
	line 17b				▶\$	
4	Did the filing organization file Form	1120-POL for this year?			Yes	] No
5	Enter the names, addresses and er	nployer identification number (EIN)	of all section 527 pol	litical organizations to	which the filing organization	า
	made payments For each organiza	tion listed, enter the amount paid	from the filing organiz	ation's funds. Also en	ter the amount of political	
	contributions received that were pr	• •	• • •		eparate segregated fund or	a
	political action committee (PAC). If	additional space is needed, provid	le information in Part I	IV	····	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fr	, , , ,	
				filing organization		
				funds If none, ente	delivered to a sepai	
					political organization	
	<del></del>	<u> </u>		<u> </u>	If none, enter -0-	
				<b>\</b>		
				ļ		
	<del> </del>		<del>  _                                   </del>			
				<del> </del>		

Schedule C (Form 990 or 990 EZ) 2015  Part II-A   Complete if the org	<u>Jacks</u> Janizatio	on Cou	nty Farm Bu	reau n 501(c)(3) and file	71-( ed Form 5768 (e	257803 Page 2
section 501(h)).			•	( )( )	,	
A Check > if the filing organiza	ition belon	gs to an affi	liated group (and list in	Part IV each affiliated	group member's nan	ne, address, EIN,
expenses, and sha	re of exce	ss lobbying	expenditures)			
3 Check 🕨 🔲 if the filing organiza	tion check	ed box A a	nd "limited control" pro	visions apply		
		bying Expe	nditures ınts paid or incurred.	)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infli	uence put	olic opinion (	grass roots lobbying)			<del>                                     </del>
b Total lobbying expenditures to infli	•	, ,	- ,			1
c Total lobbying expenditures (add I		-	, (= <b>,g</b> ,	Ì		
d Other exempt purpose expenditure		,				
e Total exempt purpose expenditure		s 1c and 1c	ł)			
f Lobbying nontaxable amount Enti-	•			h columns		
If the amount on line 1e, column (a) of			bying nontaxable am		<u> </u>	
Not over \$500,000	,, (0) 10.		the amount on line 1e			
Over \$500,000 but not over \$1,00	0.000			ess over \$500 000		
Over \$1,000,000 but not over \$1,5						
Over \$1,500,000 but not over \$17		\$225,000 plus 5% of the excess over \$1,500,000				
Over \$17,000,000	,000,000	\$1,000,000.				
(		Ψ1,000,				
g Grassroots nontaxable amount (er	ter 25% c	f line 1f)				
h Subtract line 1g from line 1a. If zer						
Subtract line 1f from line 1c If zero						
If there is an amount other than ze			line 1i, did the organiz	ation file Form 4720		<del></del>
reporting section 4911 tax for this					ĺ	Yes No
(Some organizations t	hat made	a section 5	eraging Period Under 01(h) election do not ate instructions for li	have to complete all o	of the five columns t	pelow.
	Lobi	oying Exper	nditures During 4-Yea	ar Averaging Period		·
Calendar year (or fiscal year beginning in)	(a)	2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount						
<b>b</b> Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
2						
d Grassroots nontaxable amount					<del> </del>	
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
6 Graceroote Johnwing expenditures						ł

Schedule C (Form 990 or 990-EZ) 2015

During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers?  Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?  Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?  Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?  Railies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?  Total Add lines 1c through 1:  Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  If "Yes," enter the amount of any tax incurred under section 4912  If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  **Till-A** Complete if the organization is exempt under section 501(c)(4), se 501(c)(6).	Yes	No (5), or se	Amo	ount
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers?  Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?  Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?  Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?  Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?  Total Add lines 1c through 1i  Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  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 filling organization incurred a section 4912 tax, did it file Form 4720 for this year?  **Total Complete if the organization is exempt under section 501(c)(4), se 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?	ection 501(c)	(5), or se		
501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?	ection 501(c)	(5), or se		
Were substantially all (90% or more) dues received nondeductible by members?			ction	
		<del>-</del>	Yes	N
		1	Х	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	X	
Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		
t III-B Complete if the organization is exempt under section 501(c)(4), se 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes."	red "No," O	l(5), or se R (b) Part	ction : III-A, lir	ne 3,
Dues, assessments and similar amounts from members		1		
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pr	olitical			
expenses for which the section 527(f) tax was paid).		1 1		
Current year		2a		
Carryover from last year	2b			
Total	2c			
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due:		3		
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		1 1		
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying a	ind political			
expenditure next year?		4		
		, _ ,		
Taxable amount of lobbying and political expenditures (see instructions)  t IV   Supplemental Information		] 5 ]		

## **SCHEDULE D**

(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 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	Jackson County Far		71-0257803
Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s 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 advi	sed funds
	are the organization's property, subject to the organization's	•	Yes No
6	Did the organization inform all grantees, donors, and donor a		e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pai	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	torically important land area
	Protection of natural habitat	7	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied 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
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ear	sement is located -	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements r		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	servation easements during the year
	<b>———</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	——————————————————————————————————————
	and section 170(h)(4)(B)(ii)?		Yes L No
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
Da	rt III Organizations Maintaining Collections o	Art Historical Treasures or (	Other Similar Assets
Pai	<del></del>		Milei Silillai Assets.
	Complete if the organization answered "Yes" on Form		ment and belongs about wards of ort
та	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh	·	arice of public service, provide, in Fart Arii,
	the text of the footnote to its financial statements that descri		at and halance sheet works of art, historical
D	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in luttherance of po	Tolic service, provide the following amounts
	relating to these items:		<b>S</b> \$
	(i) Revenue included on Form 990, Part VIII, line 1		► \$ ► \$
_	(ii) Assets included in Form 990, Part X	acurae, or other similar assets for financi	
2	If the organization received or held works of art, historical tre-		ai gairi, provide
_	the following amounts required to be reported under SFAS 1	TO (MGC 900) relating to these items.	<b>&gt;</b> \$
	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		<b>S S</b>
מ	ASSECTION OF THE PROPERTY OF T		<b>-</b> Ψ

		County Fa			<del> </del>			<u>71-02</u>	<u> 57803</u>	<u>Pa</u>	ge <b>2</b>
Pa	rt III   Organizations Maintaining (										_
3	Using the organization's acquisition, access	ion, and other recor	ds, ched	ck any of the	following th	at are a	significant	use of its	collection	ıtems	ı
	(check all that apply).										
а	Public exhibition d Loan or exchange programs										
b											
С	Preservation for future generations							•			
4	Provide a description of the organization's c	ollections and expla	in how t	hev further	the organizat	ion's exe	emot ouro	ose in Par	t XIII		
5	During the year, did the organization solicit of										
	to be sold to raise funds rather than to be m							[-	Yes		No
Pa	rt IV Escrow and Custodial Arran					"Yes" or	n Form 990	) Part IV		<u></u>	
·	reported an amount on Form 990, Pa			o organizani	o			J, 1 a.c.,			
	Is the organization an agent, trustee, custod		diany foi	contribution	ne or other a	ecate no	t included				——
	on Form 990, Part X?	ran or other interme	dialy loi	CONTIDUCTO	iis oi oiliei a	33013110	t included	_	Yes		No
h	If "Yes," explain the arrangement in Part XIII	and complete the fe	allowana	table					_ res	Ш	NO
Ü	ii res, explain the analigement in Part XIII	and complete the it	Jiiowing	labie					A		
_	Paginging halance								Amount	—	—
C	Beginning balance						1c				
	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						<u>  1f  </u>		٦		
	Did the organization include an amount on F								<b>」Yes</b>	$\vdash$	No
	If "Yes," explain the arrangement in Part XIII									<u></u>	
Pa	t V Endowment Funds. Complete				1			<del> </del>			
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back	(d) Three y	rears back	(e) Four y	ears b	ack
1a	a Beginning of year balance										
b	b Contributions										
С	c Net investment earnings, gains, and losses										
d	d Grants or scholarships										
е	e Other expenditures for facilities										
	and programs										
f	Administrative expenses								_		
g	End of year balance								_		
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	lg, column (	a)) held as						
а	Board designated or quasi-endowment		_%								
b											
С	Temporarily restricted endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%									
За	3a Are there endowment funds not in the possession of the organization that are held and administered for the organization										
	by Yes No										
	(i) unrelated organizations 3a(i)										
	(ii) related organizations 3a(ii)										
b	b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  3b										
4											
Pai	t VI Land, Buildings, and Equipm				<del></del>						
	Complete if the organization answere		0. Part I	V. line 11a S	See Form 990	D. Part X.	. line 10.				
	Description of property	(a) Cost or o		ĭ	t or other		ccumulate	d	(d) Book	value	
	bescription of property	basis (investr			(other)		preciation	ŭ	(a) Book (	raido	
10	Land	223.0 (		<del></del>	5,376.			<del></del>	15	, 37	<u></u>
		<u> </u>			0,694.	<del> </del>	133,3	53	177		
b	Buildings	<u> </u>		31	.0,034.		<u> </u>	- J. J.	<u> </u>	, <u>, , 4</u>	<u>+•</u>
C	Leasehold improvements				5 250	_	10 2	75		00	3
	Equipment	<del> </del>			55,358.		48,3° 3,3°		1	<u>,98</u>	
	Other		· ·	(6)	4,406.		3,3	22.	300	<u>,01</u>	
Total	. Add lines 1a through 1e (Column (d) must e	quai ⊦orm 990, Part	X, colui	nn (B), line	1UC)				200	<u>, / 1</u>	<u> </u>

Schedule D (Form 990) 2015

(a) Description of security or category (including name of security)	(b) Book value	(c) Method o		end-of-year market value
1) Financial derivatives	<del></del>			<del></del>
2) Closely-held equity interests	<del></del>			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total (Col (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" of	on Form 990, Part IV,	ine 11c See Form 99	0, Part X, line 13	
(a) Description of investment	(b) Book value			end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(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" or	on Form 990, Part IV,	ine 11d See Form 99	0, Part X, line 15.	
<del></del>	on Form 990, Part IV, Description	ine 11d See Form 99	0, Part X, line 15.	(b) Book value
<del></del>		line 11d See Form 99	0, Part X, line 15.	(b) Book value
(a) D		ine 11d See Form 99	0, Part X, line 15.	(b) Book value
(a) D (1) (2)		ine 11d See Form 99	0, Part X, line 15.	(b) Book value
(a) D (1) (2) (3)		ine 11d See Form 99	0, Part X, line 15.	(b) Book value
(a) D (1) (2)		ine 11d See Form 99	0, Part X, line 15.	(b) Book value
(a) D (1) (2) (3) (4)		ine 11d See Form 99	0, Part X, line 15.	(b) Book value
(a) D (1) (2) (3) (4) (5)		ine 11d See Form 99	0, Part X, line 15.	(b) Book value
(a) D (1) (2) (3) (4) (5) (6)		ine 11d See Form 99	0, Part X, line 15.	(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7)		ine 11d See Form 99	0, Part X, line 15.	(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line	Description	ine 11d See Form 99	0, Part X, line 15.	(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.	Description			<b>&gt;</b>
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" of	Description	une 11e or 11f See Fo		<b>&gt;</b>
(a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" of the political	Description			•
(a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" of the political	Description	une 11e or 11f See Fo		<b>&gt;</b>
(a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" of the organization of liability	Description	une 11e or 11f See Fo		<b>&gt;</b>
(a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" of the organization of liability  (1) Federal income taxes	Description	une 11e or 11f See Fo		•
(a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" of the organization of liability  (1) Federal income taxes (2)	Description	une 11e or 11f See Fo		•
(a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" of the organization of liability  (1) Federal income taxes (2) (3)	Description	une 11e or 11f See Fo		•
(a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) (3) (4)	Description	une 11e or 11f See Fo		•
(a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) (3) (4) (5)	Description	une 11e or 11f See Fo		<b>&gt;</b>
(a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" of the image of the ima	Description	une 11e or 11f See Fo		•
(a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" of the income taxes (2) (3) (4) (5) (6) (7)	Description	une 11e or 11f See Fo		•

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

Jackson County Farm Bureau

71-0257803 Page 3

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 Jackson County Farm Part XI Reconciliation of Revenue per Audited Financia	Bureau al Statements With Reven	71-025780 ue per Return.	3 Page 4
Complete if the organization answered "Yes" on Form 990, Par			
1 Total revenue, gains, and other support per audited financial statemer		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		<del></del>	
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2b	<del></del>	
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII )	2d		
e Add lines 2a through 2d	<u></u>	2e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1.			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII )	4b		
c Add lines 4a and 4b		4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, Iii	ne 12 )	5	
Part XII Reconciliation of Expenses per Audited Financi			
Complete if the organization answered "Yes" on Form 990, Parl			
Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25			
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII )	2d		
e Add lines 2a through 2d	_ <del></del>	2e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1.			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII )	4b	<del></del> -	
c Add lines 4a and 4b		4c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I,	line 18 )	5	
Part XIII Supplemental Information.	mic 16.)		
nes 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to prov	vide any additional information.		
			<del></del>

## **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Inspection

Name of the organization	Employer identification number 71-0257803
Form 990, Part VI, Section A, line 2:	
Dennis Haigwood, Derek Haigwood and Drew Haigwood - famil	y relationship
Marvin Hare and Jennifer James - family relationship	
Form 990, Part VI, Section A, line 6:	
The Organization is a mutual benefit organization with me	mbers.
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 Agency Manager for review. Up	on approval, it is
signed by the Board President and mailed.	
Form 990, Part VI, Section B, Line 12c:	
Officers are required to disclose annually any potential	conflicts of
interest.	
Form 990, Part VI, Section C, Line 19:	
These documents are not available to the public.	