532001 12-16-15

Department of the Treasury

Extended to September 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.

OMB No 1545-0047 Open to Public Inspection

									Inspection	
A	For the	2015 calend	dar year, or tax year beginning					2016		
В	Check if applicable	C Name o	of organization		•		D Employer	Employer identification number		
	Address change	s Whit								
F	Name change	<u> </u>	71-02	78869						
一	Initial return		r and street (or P.O. box if mail is n	ot delivered to street addre	ess)	Room/suite			, 0003	
Final P.O. Box 1007									68-5358	
	termin- ated		town, state or province, country,	and ZIP or foreign pos	tal code		G Gross receipts		288,774.	
	Amende return		cy, AR 72143	.			H(a) Is this a	group retu		
	Applica tion	F Name a	and address of principal officer:	Mike Fisher	a.		for subor		Yes X No	
	pending	same	as C above				H(b) Are all subo	rdinates incli	uded? Yes No	
		mpt status	501(c)(3) X 501(c)(5) 	4947(a)(1)	or 527	If "No," a	ttach a lis	t. (see instructions)	
			arfb.com/white				H(c) Group ex			
_			X Corporation Trust	Association Ot	ther 🖊	L Year	of formation: 1	36 M	State of legal domicile: AR	
Р		Summary		'''		7 .			····	
9	1 E	Briefly describ	be the organization's mission or	most significant activiti	es. Agri	cultur	cal Promo	otion		
Governance	_ =	St			ATTENDED - 1			 		
Veri	2 (Check this bo	~	discontinued its operation	ons or dispo	sed of more	e than 25% of it		ets. 26	
Ĝ	3 N		iting members of the governing to dependent voting members of th	• • • • •	(<u>()</u> - ()	EACH	VEU	3	26	
Activities &	- '		of individuals employed in calen		luna Pan		ာပ္စ	5	7	
ij			of volunteers (estimate if necess		المحققة الم	UL 24	2017 \$	6	33	
çį			ed business revenue from Part VI	• •	ŭi,		82	7a	189,869.	
⋖	1		business taxable income from F		00	<u>inrai</u>	1 157	7b	-25,095.	
						الماتات	Prior Year		Current Year	
ø	8 0	Contributions	and grants (Part VIII, line 1h)					0.	0.	
Ĭ	9 F	Program servi	ice revenue (Part VIII, line 2g)				80,	749.	81,237.	
Revenue	10 Ir	nvestment in	come (Part VIII, column (A), lines	3, 4, and 7d)				135.	514.	
ů.	11 0	Other revenue	e (Part VIII, column (A), lines 5, 6	d, 8c, 9c, 10c, and 11e)		204,0)85.	207,023.	
	12 T	otal revenue	- add lines 8 through 11 (must e	equal Part VIII, column ((A), line 12)		285,2	269.	288,774.	
	13 0	Grants and si	mılar amounts paid (Part IX, colu	ımn (A), lınes 1-3)		<u> </u>		0.	0.	
			to or for members (Part IX, colur				344-	0.	0.	
ses	15 S		r compensation, employee bene), lines 5-10)	ļ	144,		145,869.	
Expenses	16a P		fundraising fees (Part IX, column			_ \	 	0.	0.	
Ä	1.0		sing expenses (Part IX, column (D	· · —	 	0.	122,4	143	127,905.	
	1		es (Part IX, column (A), lines 11a es Add lines 13·17 (must equal F	·	05)		267,		273,774.	
	1		expenses Subtract line 18 from		23)	—	18,		15,000.	
-0 S	3	ieveriue iess	expenses oddiract inte to nom	111116-12		Be	eginning of Curre		End of Year	
ets	20 T	otal assets (F	Part X, line 16)			<u> </u>	537,		701,609.	
Net Assets (Fund Balanc	21 T		s (Part X, line 26)				44,		193,228.	
堊	22 N		fund balances Subtract line 21	from line 20			493,3		508,381.	
		Signature			· · · · · · · · · · · · · · · · · · ·					
			I declare that I have examined this re						nowledge and belief, it is	
true	, correct,	, and complete.	. Declaration of preparer (other than	officer) is based on all info	ormation of wh	nich preparei	r has any knowled	ge.		
			with Green					[18/1	7	
Sig		Signature	e of officer	e.	1 1		Date			
He	re	Type or r	print name and title	Pres-	der			<u>8/17 </u>		
				[D			Date I	, 011- T	PTIN	
Pai		Print/Type prep Sherry	Chesser, CPA	Preparer's signature	C •		1.00	Check	P00174819	
	-	Firm's name	Thomas & Thoma	IS LLP X	Chro.		Firm's	self-employed	71-0271741	
			201 E. Markham)——		riiii \$	LIIV	11-0211141	
300	· · · · ·		Little Rock, A	R 72201			Phone	no 501	-375-2025	
Ma	v the IR	S discuss the	is return with the preparer shown		nns)		1 110116		X Ves No	

LHA For Paperwork Reduction Act Notice, see the separate instructions.



orm	n 990 (2015) White County Farm Bureau	71-0278869	Page 2
Pa	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		
	Agricultural Flomotion		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	maggired by expense	•
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	•	
		rs, trie total expenses,	ano
	revenue, if any, for each program service reported.		
4a			·)
	County Farm Bureau work is general in nature, helping fa		
	achieve educational improvements, economic opportunity,	and social	
	advancement.		
			
		· · · · · · · · · · · · · · · · · · ·	
		 	
4b	(Code) (Expenses \$ including grants of \$) (Revenue	e \$	<u> </u>
4-			
4c	(Code) (Expenses \$) (Revenue	a\$	······'
			
			
			
-			
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses		

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

			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		х
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 98-197 If "Yes," complete Schedule C, Part III	5	х	
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		<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		х
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 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, IX, or X			
	as applicable.		, ,	* *
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	44.	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
C	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			l
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
400	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
128	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	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			7.7
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 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			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u>-</u> -
	1c and 8a? If "Yes," complete Schedule G, Part II	18	L	_ <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,"	40		v
	complete Schedule G, Part III	19 Form	990	X (2015)
		rom	33U (ZU 13)

Form 990 (2015) White 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
	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		i	
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	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	Х	
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			v
	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).	00-		х
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		$\frac{x}{x}$
b	An entity of which a current or former officer, director, trustee, or key employee? If Test, complete schedule L, Fait TV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
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		-	
00	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
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		<u> </u>
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
	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			
	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?			İ
	If "Yes," complete Schedule R, Part V, line 2	_36_		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	х	
	Note. All Form 990 filers are required to complete Schedule O	38 Form		(2015)

Form 990 (2015) White County Farm Bureau

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V								
			Yes	No					
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable								
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0								
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								
	(gambling) winnings to prize winners?	1c	Х						
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 7								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X						
	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?	3a	X						
b	b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		·						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
þ	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		Х					
þ	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).			`					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a							
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c							
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f							
f	,,,,,,,,,								
g									
h	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.	_	1						
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter.	9b							
10									
	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders								
	Gross income from other sources (Do not net amounts due or paid to other sources against								
•	amounts due or received from them)								
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								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	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		Х					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b							
		F	000	(0045)					

Form 990 (2015) White County Farm Bureau 71-0278869 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	<u></u>	_		X			
<u>Sec</u>	tion A. Governing Body and Management							
				Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	26					
	If there are material differences in voting rights among members of the governing body, or if the governing		ĺ					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			1				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	26					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other						
	officer, director, trustee, or key employee?		2	Х				
3	Did the organization delegate control over management duties customarily performed by or under the	direct supervision						
	of officers, directors, or trustees, or key employees to a management company or other person?		3		X			
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ets?	5	1,,	X			
6	Did the organization have members or stockholders?		6	Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app	point one or	1_	.				
	more members of the governing body?		7a	Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockholders, or						
	persons other than the governing body?	L	7b	Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by the following:		₁ ,				
a	The governing body?		8a	X	<u> </u>			
b	Each committee with authority to act on behalf of the governing body?		8b		 -			
9								
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Rev	ronuo Codo I	9		X			
Sec	tion B. Poncies (This Section B requests information about policies not required by the internal net	renue code /		Yes	No			
100	Did the organization have local chapters, branches, or affiliates?		10a	163	X			
	If "Yes," did the organization have written policies and procedures governing the activities of such characters.	enters affiliates	100					
	and branches to ensure their operations are consistent with the organization's exempt purposes?	aptoro, armatoo,	10b					
11a	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.							
12a								
b	the second secon							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	s," descnbe						
	in Schedule O how this was done		12c	X				
13	Did the organization have a written whistleblower policy?		13		X			
14	Did the organization have a written document retention and destruction policy?		14	X				
15	Did the process for determining compensation of the following persons include a review and approval	by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official		15a		X			
b	Other officers or key employees of the organization		15b		X			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent with a			\ _v			
	taxable entity during the year?		16a		X_			
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	ization's						
	exempt status with respect to such arrangements?		<u>_16b</u>					
	List the states with which a copy of this Form 990 is required to be filed None							
17		(Cootion 501/a)/2\a or	ali A su sulah					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T for public inspection. Indicate how you made these available Check all that apply.	(3 6 011011 301 (0)(3)\$ Of	iiy) avallat)I C				
_	Own website Another's website X Upon request Other (explain in	n Schedule (1)						
10	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	•	and finar	- ncial	-			
19	statements available to the public during the tax year.	mor or interest policy,	, and illidi	ioiai				
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and records						
2.0	The Organization - 501-268-5358							
	P.O. Box 1007, Searcy, AR 72143							

			_
1151	ഗാവ	aan	Form
וכנו	120	990	rom

White County Farm Bureau

71-0278869

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

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

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

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

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

(A)	(B)	ĺ		_ (0)			(D)	(E)	(F)
Name and Title	Average		not c		more	than		Reportable	Reportable	Estimated
	hours per		box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week (list any	5					m	from the	from related organizations	other compensation
	hours for	direct				9		organization	(W-2/1099-MISC)	from the
	related	ee or	stee			susate		(W-2/1099-MISC)	,	organization
	organizations	trust	ם	1	ako	mo a				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Рогтег			organizations
(1) Matt Morrison	0.50									
President		Х		X		L		0.	0.	0.
(2) Michael Oxner	0.50									
Vice President		X		X	L	_		0.	0.	0.
(3) Michael Taylor	0.50									
Secretary/Treasurer		Х		X_				0.	0.	0.
(4) Benny Anderson	0.50									
Member		X				<u>L</u>		0.	0.	0.
(5) Billy Caldwell	0.50									
Member		X				L		0.	0.	0.
(6) Bobby Cofer	0.50									
Member		X						0.	0.	_ 0.
(7) Danna Cofer	0.50									
Member		X				<u> </u>		0.	0.	0.
(8) Bennie Duch	0.50									
Member		X			_			0.	0.	0.
(9) Barry Farris	0.50				ł					
Member		X						0.	0.	0.
(10) Keith Feather	0.50					l				
Member		Х	L	L		<u>L</u>		0.	0.	0.
(11) Jeremy Gillam	0.50					ļ				
Member		X				L_	L	0.	0.	0.
(12) John Hamilton	0.50				-		-			
Member		X		L_	<u> </u>	<u>L</u>		0.	0.	0.
(13) Phillip Hamilton	0.50									_
Member		X	匚	_		L		0.	0.	0.
(14) Hoyt Hilger	0.50							_	_	_
Member		Х				L_		<u> </u>	0.	0.
(15)-Thomas Lercher	0.50]	-		l]		
Member		X	L_		<u> </u>	<u> </u>	L.	0.	0.	0.
(16) Kenneth May	0.50	1							_	_
Member		X	<u> </u>	$oxed{oxed}$	<u></u>	L	<u> </u>	0.	0.	0.
(17) John McKnight	0.50	1						_	_	_
Member		X	I		l	L	1	0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key En (A) (B)			(C)					(D)	(E)		(F)	
Name and title	Average		not c		more	than		Reportable	Reportable		Estimate	
	hours per week		, unle cer an					compensation from	compensation from related		amount other	
	(list any	įģ						the	organizations	c	ompens	
	hours for	r direc	l			Eg.		organization	(W-2/1099-MISC)	İ	from th	
	related	stee o	rustee]	pensa		(W-2/1099-MISC)			organiza	
	organizations below	ual tru	onalt		ployer	t com					and relat rganızat	
	line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			ľ	rgai near	10113
(18) Tony Moss	0.50	Г			Ī							
Member		X	<u> </u>			_	L	0.	0	-		0.
(19) Mike Fisher	0.50	١.,							,			0
Member	0.50	X	 		<u> </u>	┢	-	0.	0	+		0.
(20) Jacky Reaper Member	0.50	x						0.	0			0.
(21) Judy Riley	0.50	 ^	H	-	┢╌	\vdash	┢		<u> </u>	╫		
Member	- 0.30	\mathbf{x}	l					0.	0			0.
(22) Jim Safley	0.50	 				t		<u> </u>		1		
Member	<u> </u>	x						0.	0			0.
(23) Dana Stewart	0.50									1		
Member		X					l	0.	0	<u>. </u>		0.
(24) Keith Watkins	0.50]								-1		
Member	0 50	X	_	<u> </u>	<u> </u>	<u> </u>	<u> </u>	0.	0	•		0.
(25) Fredese Wheetley	0.50	x	ļ			}	l	0.	o			0.
Member (26) Johnny Wheetley	0.50	^	-		\vdash	╁	-	- 0.	ļ -	+		
Member	0.30	X			1		1	0.	l o			0.
1b Sub-total	<u> </u>	1		L		L	┢	0.	0			Ō,
c Total from continuation sheets to Part V	II. Section A						•	0.	0	. -		0.
d Total (add lines 1b and 1c)							>	0.	0	\cdot		0.
2 Total number of individuals (including but r	not limited to th	nose	liste	ed al	bov	e) wl	ho r	eceived more than \$100	0,000 of reportable			
compensation from the organization											Yes	No
O Delaborario del conferencia			_ 1					hishaak asuusassaksal e		_	Tes	INO
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s	•		е, ке	ey er	пріс	byee	, or	nignest compensated e	mployee on	١	,	x
4 For any individual listed on line 1a, is the s			omo	ensa	atior	n an	d ot	her compensation from	the organization	\vdash		╁╌
and related organizations greater than \$15									and or gammann		ĩ	X
5 Did any person listed on line 1a receive or									idual for services			
rendered to the organization? If "Yes," con	nplete Schedui	e J	for s	uch	per	son					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest co	•	•							· ·	nsatio	on from	
the organization Report compensation for	the calendar y	ear/	ena	ng v	vitn	or w	/itni	n the organization's tax (B)	year.	_	(C)	
(A) Name and business	s address	N	INC	2				Description of s	services	Com	pensation	on
						_				-		
					_							
					-			- 				
									1			
2 Total number of independent contractors	(including but r	not I	mite	d to	the	se li	ste	d above) who received r	nore than			
\$100,000 of compensation from the organ						0						
											m 990	

<u></u>			Check if Schedule O conta	ains a response	or note to any line	e in this Part VIII			
			Shock if Schools O South	4113 u 100ponio	or vioce to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1	а	Federated campaigns	1a					
our our		b	Membership dues	1b					
S, G		С	Fundraising events	1c					
ar l			Related organizations	1d					
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contributi	ons) 1e					
ion			All other contributions, gifts, grant	· -					
the			similar amounts not included above	1 i	ļ				
Joë.		g	Noncash contributions included in lines						
a C		_	Total. Add lines 1a-1f						
					Business Code				, ·
e l	2	а	Membership Dues		110000	81,237.	81,237.		
Z, e		b							
Se		c							
eve		d							
Program Service Revenue		е							
ፈ		f	All other program service revei	nue					
		g	Total. Add lines 2a-2f		>	81,237.		-	
	3		Investment income (including	dividends, intere	est, and				
			other similar amounts)		▶	514.			514.
	4		Income from investment of tax	exempt bond p	oroceeds ►				
	5		Royalties		▶ [5,017.			5,017.
				(ı) Real	(ii) Personal			·	
	6	а	Gross rents	11,100.					,
		b	Less rental expenses	0.					
		С	Rental income or (loss)	11,100.					
		d	Net rental income or (loss)		>	11,100.			11,100.
	7	а	Gross amount from sales of	(ı) Securities	(ıi) Other				
			assets other than inventory						
		b	Less cost or other basis	_ ·					
			and sales expenses		<u> </u>	*			
		С	Gain or (loss)				·		
		d	Net gain or (loss)		•				
ō	8	а	Gross income from fundraising	g events (not					
ea C			including \$	of	1				*
Revenue			contributions reported on line	1c). See	1 [
			Part IV, line 18	а					
Other		b	Less direct expenses	b					-
J			Net income or (loss) from fund						
	9	а	Gross income from gaming ac	tivities See					*
			Part IV, line 19	а					
		_	Less direct expenses	b	L				
			Net income or (loss) from gam	-					
	10	а	Gross sales of inventory, less	returns					
			and allowances	а	<u> </u>				
			Less cost of goods sold	ь	L				
		C	Net income or (loss) from sales		<u> </u>				
	<u> </u>	_	Miscellaneous Revenue		Business Code	100 000		160 000	
_	11	a·		ce rees	524298	189,869.		189,869.	
		b	Miscellaneous		900099	1,037.			1,037.
		C							
		d	All other revenue		<u> </u>	100 000			
	ı	е	Total. Add lines 11a-11d		>	190,906.	64 65	100 000	
	12	_	Total revenue. See instructions.			288,774.	81,237.	189,869.	
53200	9 12	16	- 15						Form 990 (2015)

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

3600	on 501(c)(3) and 501(c)(4) organizations must com			omplete column (A).	
	Check if Schedule O contains a respondent include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22	Ì			_
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			ļ	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	131,184.			
8	Pension plan accruals and contributions (include	3 450		1	1
	section 401(k) and 403(b) employer contributions)	3,152.			
9	Other employee benefits				· · · · · · · · · · · · · · · · · · ·
10	Payroll taxes	10,686.			
11	Fees for services (non-employees):				
a	Management				<u> </u>
b	Legal	1,786.			
C	Accounting	1,700.			
d	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g				 	
y	column (A) amount, list line 11g expenses on Sch O.)				<u> </u>
12	Advertising and promotion	5,413.			-
13	Office expenses	15,714.			
14	Information technology				
15	Royalties				
16	Occupancy	60,849.			
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials]	<u> </u>
19	Conferences, conventions, and meetings	20,268.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	18,811.			
23	Insurance	963.			
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)			1	
	amount, list line 24e expenses on Schedule 0.)	2 062			
а	Youth and Safety Miscellaneous	3,962.			
Ь	MISCETTAMEOUS				
C				 	
d	All other expenses			 	
	Total functional expenses. Add lines 1 through 24e	273,774.		 	
25 26	Joint costs, Complete this line only if the organization	2,3,1120		 	
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				1
	Check here if following SOP 98-2 (ASC 958-720)	l l			1
_					

Par		Daidice Sileet			
		Check if Schedule O contains a response or note to any line in this Part X		·	<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
İ	2	Savings and temporary cash investments	199,366.	2	182,103.
	3	Pledges and grants receivable, net	· · · · · · · · · · · · · · · · · · ·	3	
ł	4	Accounts receivable, net		4	
l	5	Loans and other receivables from current and former officers, directors,		<u> </u>	
		trustees, key employees, and highest compensated employees. Complete			
- [Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	•		
- 1		employers and sponsoring organizations of section 501(c)(9) voluntary			
g l		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	·	7	
₹	8	Inventories for sale or use	······································	8	
Ī	9	Prepaid expenses and deferred charges		9	
	10a				
		basis Complete Part VI of Schedule D 10a 910,852.			,
	b	Less accumulated depreciation 10b 391,346.	338,317.	10c	519,506
1	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		13	
	14	Intangible assets	-	14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	537,683.	16	701,609
	17	Accounts payable and accrued expenses	13,268.	17	3,287
	18	Grants payable		18	
-	19	Deferred revenue	31,034.	19	29,051
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ဖွ	22	Loans and other payables to current and former officers, directors, trustees,	4		*
		key employees, highest compensated employees, and disqualified persons			
Liabilities		Complete Part II of Schedule L		22	160,890
⁻	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
- 1	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	
	26	Total liabilities. Add lines 17 through 25	44,302.	26	193,228
- [Organizations that follow SFAS 117 (ASC 958), check here ▶	*		
s		complete lines 27 through 29, and lines 33 and 34.			
<u>ا</u> ۾	27	Unrestricted net assets		27	
ğ	28	Temporarily restricted net assets		28	
<u> </u>	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here			
5		and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds	0.	30	0.
2	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0
<u> </u>	32	Retained earnings, endowment, accumulated income, or other funds	493,381.	32	508,381
-	33	Total net assets or fund balances	493,381.	33	508,381
-	34	Total liabilities and net assets/fund balances	537,683.	34	701,609

Form	990 (2015) White County Farm Bureau	<u>71-</u>	-0278869	Pa	ge 12
Pai	t XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI				
			0.0		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			74.
2	Total expenses (must equal Part IX, column (A), line 25)	2			74.
3	Revenue less expenses Subtract line 2 from line 1	3			00.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4.9	3,3	81.
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,				0.1
	column (B))	10	50	8,3	81.
Pa	rt XII Financial Statements and Reporting				\Box
	Check if Schedule O contains a response or note to any line in this Part XII			1 36	
			r	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		<u> </u>		-
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			- v
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	ļ	X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		١	1	- V
b	Were the organization's financial statements audited by an independent accountant?		<u>2b</u>	├	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis	s,		
	consolidated basis, or both			ł	İ
	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	ne audr			
	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 Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Al			x
	Act and OMB Circular A-133?		3a	+-	+^-
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ured at			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b_	, <u>aan</u>	(2015)
			Forr	n 33U	(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.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section '501(h)). Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B Do not complete Part II-A.

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

 Section 501(c)(4), (5), or (6) organiza 	tions Complete Part III			
Name of organization			En	nployer identification number
White C	ounty Farm Burea	u		71-0278869
Part I-A Complete if the org	janization is exempt und	er section 501(c)	or is a section 527	organization.
1 Provide a description of the organiz2 Political expenditures3 Volunteer hours			•	*\$
Part I-B Complete if the org	ganization is exempt und	<u>er section 501(c)</u>		
1 Enter the amount of any excise tax	incurred by the organization und	er section 4955	P	·\$
2 Enter the amount of any excise tax	incurred by organization manage	ers under section 4955	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?				L Yes
b If "Yes," describe in Part IV.				37-1/01
Part I-C Complete if the org	janization is exempt und	er section 501(c)		
1 Enter the amount directly expended	, ,	•		`\$
2 Enter the amount of the filing organ	ization's funds contributed to ot	ner organizations for s	_	
exempt function activities				`\$
3 Total exempt function expenditures	s. Add lines 1 and 2. Enter here a	nd on Form 1120-POL	-,	•
line 17b				`\$
4 Did the filing organization file Form	•			Yes No
5 Enter the names, addresses and er made payments. For each organiza contributions received that were pr political action committee (PAC). If	tion listed, enter the amount paid omptly and directly delivered to a	d from the filing organi a separate political org	zation's funds. Also ente ganization, such as a sep	r the amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-	contributions received and
				_
-				
For Paperwork Reduction Act Notice,	see the Instructions for Form 9	990 or 990-EZ.	Schedule	C (Form 990 or 990-EZ) 2015

Schedule C (Form 990 or 990-EZ) 2015 W Part II-A Complete if the orga	Thite Count	y Farm Bur npt under secti	eau on 501(c)(3) and file	71-0 ed Form 5768 (e	278869 Page 2 election under
section 501(h)).					
	_		in Part IV each affiliated	group member's nan	ne, address, EIN,
. —	of excess lobbying e	•			
Limite	on checked box A an s on Lobbying Exper tures" means amou	ditures		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	ence public oninion (c	rass roots lobbying			
b Total lobbying expenditures to influe			' h		
c Total lobbying expenditures (add lin	•	, (aoo.,oo.)g,	<u>†</u>		
d Other exempt purpose expenditures	•		Ī	•	
e Total exempt purpose expenditures)	Ī		
f Lobbying nontaxable amount. Enter	-		oth columns.		
If the amount on line 1e, column (a) or	(b) is: The lobb	ying nontaxable a	mount is:		
Not over \$500,000	20% of t	he amount on line 1	e.		~
Over \$500,000 but not over \$1,000	,000 \$100,00	0 plus 15% of the ex	cess over \$500,000.		
Over \$1,000,000 but not over \$1,50	0,000 \$175,00	0 plus 10% of the ex	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0		- 	cess over \$1,500,000.		
Over \$17,000,000	\$1,000,0	000		>	
g Grassroots nontaxable amount (ent	er 25% of line 1f)				
h Subtract line 1g from line 1a. If zero	· ·			· · · · · · · · · · · · · · · · · · ·	
i Subtract line 1f from line 1c If zero	•		Ī		
j If there is an amount other than zero	o on either line 1h or l	ine 1i, did the organ	ization file Form 4720		
reporting section 4911 tax for this y	ear?			[Yes No
(Some organizations the	at made a section 50			of the five columns b	pelow.
	Lobbying Expen	ditures During 4-Y	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount			,	* ;	
(150% of line 2a, column(e))	*		, , ,		
c Total lobbying expenditures					
d Grassroots nontaxable amount				*	
e Grassroots ceiling amount (150% of line 2d, column (e))				*	
(10070 Of mic 20, Coldini (e))			 		
f Grassroots lobbying expenditures					
				Schedule C (Form	n 990 or 990-EZ) 2015

Schedule C (Form 990 or 990-EZ) 2015 White County Farm Bureau 71-0278869 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)).

Yes, " response on lines 1a through 1i below, provide in Part IV a detailed description (a)		(a)		(b)	
the lobbying activity	Yes	No	Amo	ount	
During the year, did the filing organization attempt to influence foreign, national, state or					
local legislation, including any attempt to influence public opinion on a legislative matter					
or referendum, through the use of.					
a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?					
j Total Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If "Yes," enter the amount of any tax incurred under section 4912			ļ		
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
art III-A Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c))(5), or se	ection		
501(c)(6).					
			Yes	N	
				1	
Were substantially all (90% or more) dues received nondeductible by members?		1	Х		
in the second second second second second second second second second second second second second second second		1 2	X		
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? art III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere		2 3)(5), or se	X	ne 3,	
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).		2 3)(5), or se	X	L	
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the pnor year? art III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." Dues, assessments and similar amounts from members	d "No," O	2 3)(5), or se R (b) Par	X		
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization **Employer identification number** White County Farm Bureau 71-0278869 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 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 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 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? 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 **b** 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 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 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) 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 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 b Assets included in Form 990, Part X

		ounty Farm							78869	Page 2
Pai	t III Organizations Maintaining (
3	Using the organization's acquisition, access	ion, and other record	ds, checi	k any of the	following tha	t are a sig	inificant us	e of its	collection i	tems
	(check all that apply):									
а	Public exhibition	c	ليا د	Loan or exc	hange progra	ams				
ь	Scholarly research	e	, []	Other						
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	in how th	ney further t	he organizati	on's exem	npt purpose	e in Par	t XIII.	
5	During the year, did the organization solicit									
	to be sold to raise funds rather than to be m	•							Ye <u>s</u>	No_
Pai	t IV Escrow and Custodial Arran	gements. Compl	ete ıf the	organizatio	n answered '	'Yes" on f	orm 990, F	Part IV,	line 9, or	
	reported an amount on Form 990, Pa	•		· ·						
1a	Is the organization an agent, trustee, custoo	lian or other intermed	diary for	contribution	ns or other as	sets not i	ncluded			
	on Form 990, Part X?		u.u., .u.						Yes	□ No
h	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowna	tahla						
D	ii res, explain the anangement ii r art XIII	and complete the ic	onowing .	abic					Amount	
_	December helenes						1c	_	Amount	
	Beginning balance						1d			
	Additions during the year									
e	Distributions during the year						1e			
Ţ	Ending balance								T.,	1 1
	Did the organization include an amount on F	•	•				:y7	L	Yes	⊢ No
	If "Yes," explain the arrangement in Part XIII							_		Ш
Pa	t V Endowment Funds. Complete		T							
		(a) Current year	(b) P	rior year	(c) Two year	s back (d) Three yea	rs back	(e) Four y	ears back
1a	Beginning of year balance									
þ	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
e	Other expenditures for facilities		ļ		ł	ł				
	and programs								_	
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cui	rrent year end baland	ce (line 1	g, column (a	a)) held as					
а	Board designated or quasi-endowment		%							
	Permanent endowment	%								
	Temporarily restricted endowment ▶									
_	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse		ation tha	at are held a	and administe	red for th	e organizat	tion		
	by						3	_	Γv	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	$\neg \!$
h	If "Yes" on line 3a(ii), are the related organizations	ations listed as requi	ired on S	Schadula B2)				3b	
4	Describe in Part XIII the intended uses of the	•								
	rt VI Land, Buildings, and Equipm		OWITIETT	iurius						
Lia			O Dort I	/ line 11e 9	Son Form OOC	Dort V I	ına 10			
	Complete if the organization answere			r				$\overline{}$	(4) O 1	
	Description of property	(a) Cost or o		1 ' '	or other		cumulated		(d) Book	value
		basis (investi	ment)		(other)	gep	reciation	_	- 260	-000-
_	Land	<u> </u>			0,000.		40 04	_		7000
b	Buildings	ļ.— <u> </u>		48	0,812.	2	42,04	<u>' • </u>	238	<u>,772.</u>
С	Leasehold improvements		_				14 66		- 4-	
d	Equipment				5,205.	1	41,60		13	,598.
_	Other				4,835.		7,69	9.	7	,136.
Tota	I. Add lines 1a through 1e (Column (d) must of	equal Form 990, Part	t X, colur	nn (B), line 1	10c)			<u> </u>	<u>519</u>	,506.

	Complete if the organization answered the off Form	1990, Part IV	v, line The or Thi See For	m 990, Part X, line 25	
1	(a) Description of liability		(b) Book value		
(1)	Federal income taxes			7	
(2)				T	
(3)					
(4)				7	
(5)					
(6)				7	
(7)				7	
(8)				7	
(9)		_		7	****
Total.	(Column (b) must equal Form 990, Part X, col (B) line 25)	•			

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

Schedule D (Form 990) 2015

532054 09-21-15

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

Name of the organization

OMB No 1545-0047

Open To Public Inspection

Employer identification number

White County Farm Bureau 71-0278869 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Ψ	 	
\$		

(i) Written

Loans to and/or From Interested Persons. Part II

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization

reported an amount on Form 990, Part X, line 5, 6, or 22. (b) Relationship (d) Loan to or (a) Name of (c) Purpose from the with organization interested person of loan То

(e) Original (g) In (f) Balance due by board or committee? agreement? default? principal amount organization? From Yes No Yes No Yes No Martha D. McKni35% contLand Pur X 160,890. 160,890. X X Х

Total Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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

Schedule L (Form 990 or 990-EZ) 2015

160,890.

Schedule L (Form 990 or 990 EZ) 2015 Whit Part IV Business Transactions Inv	e County Farm Bureau		71-0278	8869 Page					
	-		<u> </u>						
Complete if the organization answe	red "Yes" on Form 990, Part IV, line 28a,	28b, or 28c.		(e) Sharing o					
(a) Name of interested person	(b) Relationship between interested								
	person and the organization	transaction	transaction	organization's revenues?					
				Yes No					
				1 -1					
		<u> </u>		† 					
		 	 	 					
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Part V Supplemental Information									
 _ ' ' '									
Provide additional information for re	esponses to questions on Schedule L (se	e instructions)	-						
Schedule L, Part II, Loa	ns To and From Inter	ested Person	ns:						
(a) Name of Person: Mart	ha D. McKnight Trust								
(b) Relationship with Or	ganization: 35% cont	rolled entit	ty by family	7					
(2)	<u> </u>		<u> </u>						
members of Member John M	aVniaht								
members or Member John M	CKIIIght.								
(c) Purpose of Loan: Lan	d Purchase								
									
	<u> </u>								
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SCHEDULE O

. (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

2015Open to Public Inspection

OMB No 1545-0047

Name of the organization

White County Farm Bureau

Employer identification number 71-0278869

Form 990, Part VI, Section A, line 2: Bobby Cofer and Danna Cofer - family relationship Fredese Wheetley and Johnny Wheetley - 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 reviewed by the Board President and Executive Committee. Form 990, Part VI, Section B, Line 12c: Conflict of interest policy is reviewed annually at a board meeting. Problems are discussed by the board as they arise. Form 990, Part VI, Section B, Line 15: The Organization does not have compensated officers or management officials.

	e organization	hite Cour	ıty Farm B	ureau			Employer identification number 71 - 0278869
These	documents	are not	available	to the	public.		
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