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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)

Inspection

Department of the Treasury Internal Revenue Service

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

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

Open to Public

A	for the	2015 calendar year, or tax year beginning NOV 1, 2015 and e	ending (CT 31, 2016	<u> </u>
В	Check if applicable	C Name of organization		D Employer identit	ication number
	Address change	Independence County Farm Bureau			
	Name change	Doing business as		71-0	294353
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numb	er
	Final return/	P.O. Box 2034		870-	-793-7572
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	193,239.
	Amende return	Batesville, AR 72503		H(a) Is this a group	
	Applica- tion pending	F Name and address of principal officer: Eddie Wagoner		for subordinate	s? Yes X No
	pending	same as C above		H(b) Are all subordinates	included? Yes No
		npt status. $501(c)(3)$ X $501(c)(5)$ (10) (10) (10) (10)	r 527	If "No," attach	a list. (see instructions)
		www.arfb.com/independence		H(c) Group exempti	
		rganization: X Corporation Trust Association Other	L Year	of formation: 1966	M State of legal domicile: AR
		Summary	7	-1 D	
ę	1 B	nefly describe the organization's mission or most significant activities Agric	ultur	al Promotic	on
ALKEVENGE 2017 Activities & Governance	0 -	hook short have		than OEO/ of the not o	
Veri	2 C	heck this box I if the organization discontinued its operations or dispos	ea or more	ĺ	1
Ĝ	4 N	umber of voting members of the governing body (Part VI, line 1a) umber of independent voting members of the governing body (Part VI, line 1b)		3	
ళ	5 T	otal number of individuals employed in calendar year 2015 (Part V, line 1a)		5	
iţi	6 T	otal number of volunteers (estimate if necessary)		6	
Ę	7 a To	otal unrelated business revenue from Part VIII, column (C), line 12		7a	400 455
Ă	b N	et unrelated business taxable income from Form 990-T, line 34		7b	
		The state of the s		Prior Year	Current Year
~	8 C	ontributions and grants (Part VIII, line 1h)		0	
Š	9 P	rogram service revenue (Part VIII, line 2g)		47,778	
\ \delta \delta \ \de	10 Ir	vestment income (Part VIII, column (A), lines 3, 4, and 7d)	13,492		
¥	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9coloc, and 11e)	7八二	127,122	
		otal revenue - add lines 8 through 11 (must equal Par VIII, column (A), line 12)	ີວ <u>ຽ</u> −	188,392	
EXPRESSINED	13 G	rants and similar amounts paid (Part IX, column (A) lines 1-3) UU 1 2 2017	0	. 0.	
Z	14 B	enefits paid to or for members (Part IX, column (A), line4)		0	
189	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5, 10)		103,703	
SS	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)	I	0	. 0.
Š	9 в⊤	otal fundraising expenses (Part IX, column (D), line 25)	<u>0.</u>		
ш	17 C	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	_	72,886	
	1	otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	176,589	
<u></u> (7	19 R	evenue less expenses Subtract line 18 from line 12		11,803	
Net Assets or Fund Balances			Be	ginning of Current Year	
SSE	20 T	otal assets (Part X, line 16)	-	<u>576,286</u>	
et/	21 T	otal liabilities (Part X, line 26)	}	21,094	
	2 <u>2 N</u> art II	et assets or fund balances Subtract line 21 from line 20 Signature Block		555,192	571,753.
		es of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ante and to the best of	my knowledge and helief it is
		and complete. Deelaration of preparer (other than officer) is based on all information of wh			my knowledge and belief, it is
1100	, 6011601,	and complete. Exercised on preparer (other than officer) is based on all morniation of with	ion preparei	R O - 1	^
Sig	.n	Signature of officer		8-7-2 Date	Ľ.)
He	1.	Eddie Joe Wagazen President			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai		therry Chesser, CPA Show Choo	u 1	4.28-17 sett-empl	oyed P00174819
Pre		Firm's name Thomas & Thomas LLP		Firm's EIN	71-0271741
Use	_	rm's address 201 E. Markham, Suite 500			
		Little Rock, AR 72201		Phone no. 5	01-375-2025
Ma	y the IRS	S discuss this return with the preparer shown above? (see instructions)			X Yes No

	990 (2015) Independence County Farm Bureau	71-0294353 Page 2
	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	
	Did the organization undertake any significant program services during the year which were not listed on	
2	the prior Form 990 or 990-EZ?	Yes X No
		L. Tes LA NO
_	If "Yes," describe these new services on Schedule O	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	res
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	
	revenue, if any, for each program service reported.	13, the total expenses, and
4a	(Code) (Expenses \$	
→ a	County Farm Bureau work is general in nature, helping fa	arm families
	achieve educational improvements, economic opportunity,	and social
	advancement.	
	aavaneemene.	
		-
4b	(Code) (Expenses \$	***
75	(Code / (Expenses a / (Resonance)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		-
		· · · · · · · · · · · · · · · · · · ·
4c	(Code) (Expenses \$ including grants of \$) (Revenue)	ue\$)
70	(Code) (expenses \$,
	,	
4d	Other program services (Describe in Schedule O.)	
Tu	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses	

		$\overline{}$		
	le the experience described in section 504(s)(s) and 6047(s)(d) (s) the other section (s)		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	_		v
2	If "Yes," complete Schedule A	2		X
3	Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		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 98-19? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10_		X_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	, i		ĺ
	as applicable			1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			{
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			3,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
لہ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	[X
u	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u> </u>	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	<u> </u>	-
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	ļ	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	ļ	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
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			ł
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1		
	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	1		
	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,			v
40	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	40		Х
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	-	_ <u>^</u>
13	complete Schedule G, Part III	19		x
	Somption Sometime of Factor		990	(2015

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

	•	,	Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		- [
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
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		ł	
	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		<u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		·	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	1		
	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	06		x
27	·	26_		
21	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	{ !		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions).	Ì		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?]		ļ
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	}	})
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	}]	
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	_33_		X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and]		
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	ļ	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?			
27	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	27		x
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		┼^
50	Note, All Form 990 filers are required to complete Schedule O	38	x	1
	110.001 1 o ood more are required to complete deflecting o			1 (2015)

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 5 filed for the calendar year ending with or within the year covered by this return X 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За X b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 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 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7<u>g</u> h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 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 13b organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a

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

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

Form 990 (2015) Independence County Farm Bureau 71-0294353 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,

	Objects (Oct 1.1. Oct 1.1. Oc					\mathbf{x}
500	Check if Schedule O contains a response or note to any line in this Part VI				-	<u> </u>
Sec	tion A. Governing Body and Management					
		1	١	<u> </u>	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	20			
	If there are material differences in voting rights among members of the governing body, or if the governing	1				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1		}		
þ	Enter the number of voting members included in line 1a, above, who are independent	1b	20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ıp with	any other	[[
	officer, director, trustee, or key employee?			2	X	
3	Did the organization delegate control over management duties customarily performed by or under the	ne direc	t supervision	ļ		
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	as filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		<u>X</u> _
6	Did the organization have members or stockholders?			6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or			
	more members of the governing body?	•		7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or			
	persons other than the governing body?			7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar hy th	e following:	 -		
а	The governing body?	at by ti	ic tollowing.	8a	x	
_	Each committee with authority to act on behalf of the governing body?			8b	X	
b		achad	at the	-30	-23	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reconstructed and reconstruction of the section of the sec	acrieu	at tile	9		X
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	20110011	- Code \	<u> </u>	L	<u> </u>
<u> </u>	tion B. Policies (This Section B requests information about policies not required by the Internal F	evenu	e Code./		V	N-
40.	Delthe consequence have been been been been as well also			40-	Yes	No X
10a	, , , , , , , , , , , , , , , , , , , ,	. la 4 a	#-	10a	 	
D	If "Yes," did the organization have written policies and procedures governing the activities of such of	napter	s, anniates,	401		
	and branches to ensure their operations are consistent with the organization's exempt purposes?		61 45 - 60	10b		x
11a		ay bero	ore filling the form?	11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			١	37	
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 ris			12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," a	escribe			
	ın 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	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approve	al by I	ndependent]]	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?				l
а	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b	<u> </u>	<u>X</u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)]	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement v	with a	1	ł	İ
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its	participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	anızatıc	n's]	ł
	exempt status with respect to such arrangements?			16b		L
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ► None					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sec	tion 501(c)(3)s only)	availat	ole	
-	for public inspection. Indicate how you made these available. Check all that apply.		, , , , , , , , , , , , , , , , ,			
	Own website Another's website X Upon request Other (explain	n ın Sc	hedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co		•	d finan	icial	
	statements available to the public during the tax year.	o .				
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks a	nd records:			
	The Organization - 870-793-7572	JU113 Q				
	P.O. Box 2034, Batesville, AR 72503					
	1.0. DOR 2004, DateByllie, All 12000					

Form	990	(2015)
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Independence County Farm Bureau

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

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

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

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

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

Check this box if neither the organization	nor any related	orga	anıza	ation	cor	npei	ารล	ted any current officer, o	director, or trustee	
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	Position		Reportable	Reportable	Estimated				
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)		•	compensation	amount of			
	week		Cerar	dad	recit	Titus	100)	from	from related	other
	(list any hours for	lirect	1					the organization	organizations (W-2/1099-MISC)	compensation from the
	related	5	ge			sate		(W-2/1099-MISC)	(44-2/1033-141100)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	эш		(and related
	below	Igna	舅	ᡖ	Key employee	est co	<u> </u>			organizations
	line)	를	Inst	Officer	Key	Highest compensated employee	Г огшег			
(1) Eddie Wagoner	0.50									
President		X	<u></u>	X				0.	0.	0.
(2) Glen Mohlke	0.50									
Vice President		X		X			L	0.	0.	0.
(3) Larry Williams	0.50					Ì				
Secretary		X		X				0.	0.	
(4) Kimbrew Butler	0.50		ļ							
Member		X			<u> </u>	<u> </u>		0.	0.	0.
(5) Winfred Coleman	0.50				1					
Member		X			<u> </u>			0.	0.	0.
(6) Jim Cunningham	0.50		1							
Member		X						0.	0.	0.
(7) Tony Greenfield	0.50									
Member		X			ļ			0.	0.	0.
(8) Don Hubbell	0.50	1			1				_	_
Member		X	ļ	<u> </u>		ļ	<u> </u>		0.	0.
(9) Tom Inman	0.50	1								
Member		X		1	<u> </u>	ļ	╙	0.	0.	0.
(10) Charles Mabry, III	0.50	1			1					
Member		X		ļ	_		 	0.	0.	0.
(11) Bill Miller	0.50	┨								
Member		X	-	<u> </u>	1	├—	-	0.	0.	0.
(12) Eric Mohlke	0.50	┦								
Member		X	1	 —	├	╁	<u> </u>	0.	0.	0.
(13) John Barr	0.50	┨								
Member	0.50	X	-	<u> </u>	<u> </u>	├	┡	0.	0.	0.
(14) Raymond Staggs	0.50	┤	1							
Member	0.50	X	┼	┢	╁	├-	╁┈	0.	0.	0.
(15) Tom Williams	0.50				1		l			
Member		X	\vdash	╄	 	\vdash	╄	0.	0.	0.
(16) Terry Womack	0.50			1	1			_		
Member	1 2 52	X	╄	\vdash	 	\vdash	\vdash	0.	0.	0.
(17) Stan Carter	0.50		1					_		
Member		X		1	1	\bot	ل	0.	0.	0.

Section A. Officers, Directors, Trus		pioy	ees			gne	St C	ompensated Employee	es (continuea)				
. (A)	(B) (C) Average Position							(D)	(E)			(F)	
Name and title	Average	(do				than	one	Reportable	Reportable			mate	
•	hours per week					is bot or/trus		compensation compensat				ount c)f
	(list any	-	1			T	100,	from	from related			ther	
	hours for	Jirect						the organization	organizations (W-2/1099-MISC)		comp	ensat m the	
	related	5	stee			Set 6		(W-2/1099-MISC)	(***2/1000*******************************			nızatı	
	organizations	trast	al tru:		yee	in pe		(** 2, 1000 ,00)			_	relate	
	below	Individual trustee or director	Institutional trustee	a	Key employee	est	횰				organ	ızatıc	ıns
	line)	Ę	Insti	лаоцио	Key 6	Highest compensated employee	Former						
(18) Nathan Crouch	0.50												
Member		X						0.	0	•			0.
(19) Blake Fuller	0.50							:					
Member		X						0.	0				0.
(20) Tom Hess	0.50												
Member		X						0.	0				0.
						П							
										T			
		1					Ì						
		1											
										\top		•	
	_	1											
										1			
		1											
					-	 	_			_			
		1											
1b Sub-total		·						0.	0	١.			0.
c Total from continuation sheets to Part V	L Section A							0.		1.			0.
d Total (add lines 1b and 1c)	., 000							0.	0				0.
Total number of individuals (including but n	ot limited to th	ากรค	liste	nd al	hove	e) w	20 r	لــــــــــــــــــــــــــــــــــــ		<u> </u>			
compensation from the organization						-,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				0
												/es	No
3 Did the organization list any former officer,	director, or tri	ıste	e. ke	v er	nolo	vee	or	highest compensated ei	mplovee on				
line 1a? If "Yes," complete Schedule J for s			0, 110	, 0.		,,,,,		riigiroot oompondated of	mpioy oo on		3		X
4 For any individual listed on line 1a, is the su			mn	ensa	ation	n and	d ot	her compensation from t	the organization		<u> </u>		
and related organizations greater than \$15									ino organization		4	1	X
5 Did any person listed on line 1a receive or a									dual for convices		-		
rendered to the organization? If "Yes," com					-		olat	ed organization of indivi	dual for services		5		X
Section B. Independent Contractors	piete Geriedar		01 31	3011	<i>D</i> 673	3011		·			<u> </u>		
1 Complete this table for your five highest co	mnensated in	dene	ande	nt c	onti	racto	are t	that received more than	\$100,000 of compe	neat	non fre	nm	
the organization Report compensation for										11001		,,,,	
(A)	tric calcildar y	oui	criai	iig v	V 11.11	<u> </u>		(B)	1		(C)		
Name and business	address	N	ONE	₹.				Description of s	ervices	Co	mpen:		า
		-11	<u> </u>				7						-
							_		-				
									1				

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections
512 - 514 (B) (C) Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns <u>1</u>a **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 1f Q Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f **Business Code** 2 a Membership Dues 110000 48,465. 48,465. Program Service Revenue f All other program service revenue 48,465 Total, Add lines 2a-2f Investment income (including dividends, interest, and 12,513. 12,513. other similar amounts) Income from investment of tax-exempt bond proceeds 3,634. 3,634. Royalties (II) Personal (ı) Real 4,200. 6 a Gross rents 0. **b** Less, rental expenses 4,200. c Rental income or (loss) 4,200. 4,200 d Net rental income or (loss) 7 a Gross amount from sales of (ı) 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** 122,177. 122,177. 11 a Insurance Service Fees 524298 2,250. 2,250. 900099 ь Miscellaneous Income d All other revenue 124,427. e Total, Add lines 11a-11d 48,465. 122,177. 22,597. 193,239. Total revenue. See instructions.

Secti	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).								
	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX (B)	(C)	(D)				
	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations								
_	and domestic governments. See Part IV, line 21								
2	Grants and other assistance to domestic								
_	individuals See Part IV, line 22				····				
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	Individuals. See Part IV, lines 15 and 16			<u> </u>					
4	Benefits paid to or for members								
5	Compensation of current officers, directors,								
6	trustees, and key employees		 .						
6	Compensation not included above, to disqualified			1					
	persons (as defined under section 4958(f)(1)) and								
7	persons described in section 4958(c)(3)(B) Other salaries and wages	89,150.	· · ·		· 				
8	Pension plan accruals and contributions (include	09,130.		<u> </u>					
0	section 401(k) and 403(b) employer contributions)	1,829.							
9	Other employee benefits	5,775.							
10	Payroll taxes	8,818.		 					
11	Fees for services (non-employees)	0,010.							
а	Management								
b	Legal								
С	Accounting	600.							
d	Lobbying								
е	Professional fundraising services. See Part IV, line 17								
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.)								
12	Advertising and promotion	2,356.							
13	Office expenses	10,366.							
14	Information technology								
15	Royalties								
16	Occupancy	17,139.							
17	Travel	· · · · · · · · · · · · · · · · · · ·							
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials	26 005			<u> </u>				
19	Conferences, conventions, and meetings	26,005.							
20	Interest								
21 22	Payments to affiliates Depreciation, depletion, and amortization	6,489.							
23	Insurance	471.							
24	Other expenses. Itemize expenses not covered	3/10							
	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 O.)				!				
а	Youth and Safety	7,351.							
b	Miscellaneous	329.							
С									
d					-				
е	All other expenses								
25	Total functional expenses. Add lines 1 through 24e	176,678.							
26	Joint costs. Complete this line only if the organization								
	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation.								
	Check here if following SOP 98-2 (ASC 958-720)		<u> </u>		<u></u>				

Form 990 (2015)
Part X | Balance Sheet

Га	π χ				
		Check if Schedule O contains a response or note to any line in this Part X	(A)		(B)
			Beginning of year		End of year
	1	Cash · non-interest-bearing		1	
	2	Savings and temporary cash investments	457,327.	2	478,052.
	3	Pledges and grants receivable, net		3	
	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		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			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ş		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	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
		basis. Complete Part VI of Schedule D 10a 312,517.			
	b	Less. accumulated depreciation 10b 199,393.	118,919.	10c	113,124
	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	40.	15	40
	16	Total assets. Add lines 1 through 15 (must equal line 34)	576,286.	16	591,216
	17	Accounts payable and accrued expenses	2,779.	17	2,230
	18	Grants payable		18	
	19	Deferred revenue	18,315.	19	17,233
	20	Tax-exempt bond liabilities		20_	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Ś	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons			
<u> </u>		Complete Part II of Schedule L		22	
3	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
	ĺ	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	21,094.	26	19,463
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
S		complete lines 27 through 29, and lines 33 and 34.			
Š	27	Unrestricted net assets		27	
žai	28	Temporarily restricted net assets		28	· · · · · · · · · · · · · · · · · · ·
ב ב	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here			
6		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds	0.	30	0
22	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0
et /	32	Retained earnings, endowment, accumulated income, or other funds	555,192.	32	571,753
Z	33	Total net assets or fund balances	555,192.		571,753
	34	Total liabilities and net assets/fund balances	576,286.	34	591,216.

	1990 (2015) Independence County Farm Bureau	71-029	<u>43</u> 53	Pag	_{je} 12
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	193		
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>78.</u>
3	Revenue less expenses Subtract line 2 from line 1	3			<u>61.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	555	, 1	<u>92.</u>
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	571	. , 7	<u>53.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedul	e O		ł	
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 reviewe	ed on a		1	
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
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 separate	ite basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t	he audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sc	hedule O.			
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 Audit			
	Act and OMB Circular A-133?		За		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the req	uired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		l an l		

Form **990** (2015)

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

2015

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations. Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

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

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

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

• <u>s</u>	ection 501(c)(4), (5), or (6) organizat	ions Complete Part III			
	of organization	E	nployer identification number		
	Independ	dence County Fari	n Bureau		71-0294353
Par	t I-A Complete if the org	anization is exempt unde	er section 501(c)	or is a section 52	organization.
2	Provide a description of the organiza Political expenditures Volunteer hours	ation's direct and indirect politica	al campaign activities		> \$
Par	t I-B Complete if the org	anization is exempt unde	er section 501(c)	(3).	
	Enter the amount of any excise tax				> \$
	Enter the amount of any excise tax i				\$
	If the organization incurred a section	, ,			Yes No
	Was a correction made?		,		Yes No
b	If "Yes," describe in Part IV.				
		anization is exempt und	er section 501(c)	, except section 5	01(c)(3).
1	Enter the amount directly expended	by the filing organization for sec	tion 527 exempt fund	ction activities	> \$
2	Enter the amount of the filing organi	zation's funds contributed to oth	ner organizations for s	ection 527	
1	exempt function activities)	> \$
3	Total exempt function expenditures	Add lines 1 and 2 Enter here ar	nd 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 em	nployer identification number (EII	N) of all section 527 p	olitical organizations to v	vhich the filing organization
	made payments For each organizat	tion listed, enter the amount paid	from the filing organi	ızatıon's funds. Also ente	er the amount of political
	contributions received that were pro	• •			parate segregated fund or a
	political action committee (PAC). If a	additional space is needed, provi	ide information in Par	t IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fro filing organization' funds If none, enter	contributions received and
				 	

Schedule C (Form 990 or 990-EZ) 2015	<u>Indeper</u>	idenc	e County Fa	rm Bureau	71-(0294353 Page 2
Part II-A Complete if the org section 501(h)).	anization	is exe	mpt under sectio	n 501(c)(3) and the	ea Form 5/68 (election under
_				Doubly and affiliated		
	_		iliated group (and list in	Part IV each amiliated	group member's nar	ne, address, EIN,
expenses, and share			•			
Limit	s on Lobbyii	ng Expe	nd "limited control" pro nditures unts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ			=	-		
b Total lobbying expenditures to influ	•		dy (direct lobbying)	-		
c Total lobbying expenditures (add lii		b)		-		
d Other exempt purpose expenditure						
e Total exempt purpose expenditure:	•		•			<u></u>
f Lobbying nontaxable amount. Ente						
If the amount on line 1e, column (a) o	r (b) is:		bying nontaxable am			
Not over \$500,000			the amount on line 1e.			
Over \$500,000 but not over \$1,000			00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5			00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,	000,000		00 plus 5% of the exce	ss over \$1,500,000		
Over \$17,000,000		\$1,000	000			
					<u></u>	
g Grassroots nontaxable amount (en		•				
h Subtract line 1g from line 1a If zero	o or less, ente	er -0-			***	
i Subtract line 1f from line 1c If zero	•			l		
j If there is an amount other than zei	ro on either li	ne 1h or	line 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this						Yes No
(Some organizations th	nat made a s	ection 5	eraging Period Under 601(h) election do not ate instructions for li	have to complete all	of the five columns	below.
	Lobbyii	ng Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 20°	12	(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))						
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2015 Independence County Farm Bureau 71-0294353 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)).

r each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description		1)	(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?	L			
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				
a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			·····	
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	. 504()	(5)		
art III-A Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6).	ion 501(c)	(5), or se	ction	
00 ((0)(0).			Yes	N
Were substantially all (90% or more) dues received nondeductible by members?		1	X	
		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	
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		2 3 (5), or se	X	ne 3,
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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 answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	d "No," Of	2 3 (5), or se R (b) Par 1 2a 2b 2c	X	
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SCHEDULE D

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. Open to Public Inspection

Name of the organization

Employer identification number

Independence County Farm Bureau 71-0294353 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 Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) 4 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 day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) R 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 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

		dence Count							<u>94353</u>		_{је} 2
	t III Organizations Maintaining C										
3	Using the organization's acquisition, accessi	on, and other records	s, check a	ny of the	following that	are a sigr	nificant u	ise of its	collection	items	
	(check all that apply).										
а	Public exhibition	d	نما لي	an or exc	hange progra	ms					
b	Scholarly research	е	Oth	ner							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	how they	further t	he organization	n's exemp	ot purpo	se in Parl	XIII.		
5	During the year, did the organization solicit of				•	er sımılar a	ssets		_		
	to be sold to raise funds rather than to be m								Yes	$oxed{oxed}$	No
Pai	t IV Escrow and Custodial Arran		te if the or	ganızatıo	n answered "	Yes" on F	orm 990	, Part IV,	lıne 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod	an or other intermed	ary for co	ntribution	ns or other ass	sets not in	cluded		_		
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing tab	le.							
									Amount		
C	Beginning balance						1c				
d	Additions during the year		•				1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for esc	row or c	ustodial acco	unt liability	/?		Yes		No
<u>b</u>	If "Yes," explain the arrangement in Part XIII										
Pai	t V Endowment Funds. Complete	f the organization and	swered "Y	es" on Fo	orm 990, Part	IV, line 10					
		(a) Current year	(b) Prio	r year	(c) Two year	s back (d) Three y	ears back	(e) Four	years b	<u>ack</u>
1a	Beginning of year balance										
b	Contributions										
C	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	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 balance	e (line 1g,	column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment >	%									
С	Temporarily restricted endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%									
За	Are there endowment funds not in the posse	ession of the organiza	ation that a	ire held a	and administe	red for the	organiz	ation	_		
	by									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	ed on Sch	edule R?	?				3b		
4	Describe in Part XIII the intended uses of the		wment fur	ıds							
Pa	t VI Land, Buildings, and Equipn	nent.									
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, I	ne 11a. S	See Form 990	, Part X, III	ne 10.				
	Description of property	(a) Cost or of	I	(b) Cost	t or other	(c) Acc	umulate	d	(d) Book	value	
		basis (investr	nent)	basis	(other)	depr	eciation				
1a	Land			2	29,833.					83, 63	
þ	Buildings			19	7,115.	1:	22,2	98.	74	1,81	<u>.7.</u>
С	Leasehold improvements										
d	Equipment			7	76,370.		69,0		-	7,27	
е	Other				9,199.		8,0	04.		L, 19	95.
	Add		V	(0)	40 1				111	1 1) A -

Schedule	D (Form 990) 2015	<u>Independenc</u>	e County Fa	rm Bureau	71-0294353 Pa	age 3
Part V	II Investments -	Other Securities.				
	Complete if the org	anızatıon answered "Yes"	on Form 990, Part IV,	line 11b. See Form 990,	Part X, line 12.	
(a) Desc	ription of security or categ	Ory (including name of security)	(b) Book value	(c) Method of v	valuation. Cost or end-of-year market value	е
(1) Finar	icial derivatives					
(2) Close	ely-held equity interests					
(3) Othe	r					
(A)						
(B)						
(C)						
(D)						
<u>(E)</u>						
<u>(F)</u>						
(G)						
(H)	·					
Total (Co	. (b) must equal Form 990	, Part X, col. (B) line 12.)	· - · · · · · · · · · · · · · · · · · ·		-3	
Part V		Program Related.				
	Complete if the org	anization answered "Yes"	on Form 990, Part IV,	line 11c See Form 990,	Part X, line 13	
	(a) Description of	investment	(b) Book value	(c) Method of v	valuation. Cost or end-of-year market value	е
(1)						
(2)	 	 				
(3)						
(4)						
<u>(5)</u>						
<u>(6)</u>	<u></u>					
(7)						
(8)						
(9)						
Total. (Co	(b) must equal Form 990	, Part X, col. (B) line 13.)				
Part IX						
	Complete if the org	anization answered "Yes"		line 11d See Form 990,		
	 -	(a)	Description	· · · · · · · · · · · · · · · · · · ·	(b) Book value	-
(1)	 					
(2)		 -	· · · · - · · · · · · · · · · · · · · ·			
(3)						
(4)	·					
(5)		***************************************				
(6)				 		-
<u>(7)</u>				 		-
(8)	 _					
(9) T-4-1 (0)	-1					
Part X		orm 990, Part X, col (B) line	9 15)		>	
raitA			F 000 D-+ N/	lus 44 - 50446 Oss Fam	000 Part V Iva - 05	
		anization answered "Yes"	on Form 990, Part IV,	(b) Book value	n 990, Part X, line 25	-
1.		Scription of liability		(b) Book value	-	
	ederal income taxes	-			-	
(2)					-	
(3)					-	
(4)					-	
(5)					-	
(6)					-	
(7)					-	
(8)					-	
(9)	dump (h) must saust 5		251		1	
		orm 990, Part X, col. (B) line		to to the arrangement of the	Spanning statements that are arts the	
					financial statements that reports the	
organ	ization s hability for Unc	ertain tax positions under	TIN 40 (ASC /4U) C	ieck nere if the text of th	e footnote has been provided in Part XIII	<u> </u>

	edule D (Form 990) 2015 Independence County Fa		71-0294353 Pa	
Pa	rt XI Reconciliation of Revenue per Audited Financial St		ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ne 12 a .		
1	Total revenue, gains, and other support per audited financial statements		1	
a	Amounts included on line 1 but not on Form 990, Part VIII, line 12. Net unrealized gains (losses) on investments	2a	, ,	
b		2b		
c		2c 2c		
d		2d		
e		20	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		4a		
b		4b		
c			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	2.)	5	
	rt XII Reconciliation of Expenses per Audited Financial S		nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	-	•	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	- · · · · · · · · · · · · · · · · · · ·	2b		
c		2c		
d	Other (Describe in Part XIII.)	2d		
е			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		4a	į l	
b		4b		
	•			
С	Add lines 4a and 4b		4c	
5	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	18)	4c	
5		18)	 	
5 Pa	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information.		5	
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	4, Part IV, lines 1b and 2b;	5	
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b;	5	
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b;	5	
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b;	5	
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b;	5	
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b;	5	
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Schedule D (Form 990) 2015

532054 09-21-15

SCHEDULE O

Internal Revenue Service Name of the organization

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Open to Public

OMB No. 1545-0047

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

Inspection

Employer identification number 71-0294353 Independence County Farm Bureau Form 990, Part VI, Section A, line 2: Raymond Staggs and John Barr, 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 Executive Committee and then the President reviews the 990 and signs it. The full Board will review the 990 at the next board meeting. Form 990, Part VI, Section B, Line 12c: The Organization monitors the conflict of interest policy annually and enforces it on an as needed basis. Form 990, Part VI, Section B, Line 15: The Organization does not have compensated officers or management officials.

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization Independence County Farm Bureau	Employer identification number 71-0294353
Form 990, Part VI, Section C, Line 19:	
These documents are not available to the public.	
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