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Form **990-EZ****Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2015**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

<b>A</b> For the 2015 calendar year, or tax year beginning <b>NOV 1, 2015</b> and ending <b>OCT 31, 2016</b>	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>Cleburne County Farm Bureau</b> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>602 Quitman St</b> City or town, state or province, country, and ZIP or foreign postal code <b>Heber Springs, AR 72543</b> <b>D</b> Employer identification number <b>71-6060010</b> <b>E</b> Telephone number <b>501-362-2910</b> <b>F</b> Group Exemption Number Number ▶ <b>G</b> Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶ <b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF). <b>I</b> Website: ▶ <b>www.arfb.com/cleburne</b> <b>J</b> Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)( 5 ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>L</b> Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ <b>98,614.</b>

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

<b>Revenue</b>	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	28,655.
	4	Investment income	4	2,256.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 17) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	6c	Less: direct expenses from gaming and fundraising events	6c	
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less: cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	67,703.
	9	<b>Total revenue</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	98,614.
<b>Expenses</b>	10	Grants and similar amounts paid (list in Schedule O)	10	2,300.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	48,083.
	13	Professional fees and other payments to independent contractors	13	600.
	14	Occupancy, rent, utilities, and maintenance	14	12,149.
	15	Printing, publications, postage, and shipping	15	2,322.
	16	Other expenses (describe in Schedule O)	16	24,816.
	17	<b>Total expenses</b> Add lines 10 through 16 ▶	17	90,270.
<b>Net Assets</b>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	8,344.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	212,433.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 ▶	21	220,777.

LHA For Paperwork Reduction Act Notice, see the separate instructions

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**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

☒

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	77,736.	90,810.
23 Land and buildings	134,422.	130,433.
24 Other assets (describe in Schedule O) <b>See Schedule O</b>	9,029.	7,449.
25 Total assets	221,187.	228,692.
26 Total liabilities (describe in Schedule O) <b>See Schedule O</b>	8,754.	7,915.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	212,433.	220,777.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☐

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose? **Agricultural Promotion**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 **County Farm Bureau work is general in nature, helping farm families achieve educational improvements, economic opportunity, and social advancement.**

(Grants \$ ) If this amount includes foreign grants, check here ☐ 28a

29

(Grants \$ ) If this amount includes foreign grants, check here ☐ 29a

30

(Grants \$ ) If this amount includes foreign grants, check here ☐ 30a

31 Other program services (describe in Schedule O)

(Grants \$ ) If this amount includes foreign grants, check here ☐ 31a32 Total program service expenses (add lines 28a through 31a) ☐ 32**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

☒

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Kieth Cagle				
President	0.50	0.	0.	0.
Josh Johnston				
Vice President	0.50	0.	0.	0.
Mary Harris				
Secretary	0.50	0.	0.	0.
Wesley Harris				
Treasurer	0.50	0.	0.	0.
Mark Biram				
Member	0.50	0.	0.	0.
Marcus Creasy				
Member	0.50	0.	0.	0.
Gordon Eichelberger				
Member	0.50	0.	0.	0.
Joe Giroir				
Member	0.50	0.	0.	0.
Weldon Harris				
Member	0.50	0.	0.	0.
Gail McCord				
Member	0.50	0.	0.	0.
Charles Jennings				
Member	0.50	0.	0.	0.
Joe Lybrand				
Member	0.50	0.	0.	0.

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V ☒

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	X	
35b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	X	
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	0.	
37b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved	N/A	
39a	Section 501(c)(7) organizations. Enter:	N/A	
39b	Initiation fees and capital contributions included on line 9	N/A	
39b	Gross receipts, included on line 9, for public use of club facilities	N/A	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
	section 4911 <u>N/A</u> ; section 4912 <u>N/A</u> ; section 4955 <u>N/A</u>		
40b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	N/A	
40c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	N/A	
40d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	N/A	
40e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed	None	
42a	The organization's books are in care of	The Organization	
	Located at	602 Quitman St, Heber Springs, AR	
	Telephone no.	501-362-2910	
	ZIP + 4	72543	
42b	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)?		X
42c	If "Yes," enter the name of the foreign country: <u>See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</u>		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44c	Did the organization receive any payments for indoor tanning services during the year?		X
44d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?

If "Yes," complete Schedule C, Part I

Yes No

46

X

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II

Yes No

47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a

b If "Yes," was the related organization a section 527 organization?

49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." N/A

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A

Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

2-14-17

Date

Type or print name and title

Brian Harris

Vice President

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Sherry L. Chesser

Sherry Chesser

2-7-17

P00174819

Firm's name ▶ Thomas & Thomas LLP

Firm's EIN ▶ 71-0271741

Firm's address ▶ 201 E. Markham, Suite 500  
Little Rock, AR 72201

Phone no. 501-375-2025

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

Form 990-EZ (2015)

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

**2015**

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Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

Cleburne County Farm Bureau

Employer identification number

71-6060010

Form 990-EZ, Part I, Line 4, Rental Income:

Kind and Location of Property:

Amount:

Office Space - Heber Springs, AR

2,100.

Form 990-EZ, Part I, Line 4, Other Investment Income:

Description of Property:

Amount:

Interest Income

156.

Form 990-EZ, Part I, Line 8, Other Revenue:

Description of Other Revenue:

Amount:

Insurance Service Fees

64,403.

Royalty Income

1,280.

Miscellaneous Income

2,020.

Total to Form 990-EZ, line 8

67,703.

Form 990-EZ, Part I, Line 14, Occupancy, Rent, Utilities, and Maintenance:

Description of Expenses:

Amount:

Depreciation

3,988.

Other Expenses

8,161.

Total to Form 990-EZ, line 14

12,149.

Form 990-EZ, Part I, Line 16, Other Expenses:

Description of Other Expenses:

Amount:

Supplies

1,824.

Telephone

3,126.

Youth Work

2,997.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2015**

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Department of the Treasury\*  
Internal Revenue Service

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

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Name of the organization

Cleburne County Farm Bureau

Employer identification number

71-6060010

Conf, conventions, etc.	9,328.
Insurance	1,065.
Advertising and Promotion	3,629.
Miscellaneous	1,295.
Taxes and Licenses	25.
Employee Travel	91.
Depreciation	1,436.
Total to Form 990-EZ, line 16	24,816.

Form 990-EZ, Part II, Line 24, Other Assets:

Description	Beg. of Year	End of Year
Accounts Receivable	144.	0.
Utility Deposits	100.	100.
Other Depreciable Assets	8,785.	7,349.
Total to Form 990-EZ, line 24	9,029.	7,449.

Form 990-EZ, Part II, Line 26, Other Liabilities:

Description	Beg. of Year	End of Year
Prepaid Membership	7,869.	6,924.
Payroll Liabilities	885.	991.
Total to Form 990-EZ, line 26	8,754.	7,915.

Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts:

The organization did not, during the year, receive any funds, directly,  
or indirectly, to pay premiums on a personal benefit contract.

The organization, did not, during the year, pay any premiums, directly,

**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.  
▶ Attach to Form 990 or 990-EZ.

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OMB No 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

Cleburne County Farm Bureau

Employer identification number

71-6060010

or indirectly, on a personal benefit contract.



Employer identification number  
71-6060010

<b>Part IV</b>		<b>List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated (see the instructions for Part IV)
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