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20
2018

Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service ▶ Information about Form 990 and its instructions is at www.irs.gov/form 990. A For the 2016 calendar year, or tax year beginning NOV 1, and ending OCT 31, 2017 2016 Check if applicable C Name of organization D Employer identification number Address change Arkansas County Farm Bureau Name change 71-0230987 Doing business as initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ P.O. Drawer 232 870-946 -3501termin-ated City or town, state or province, country, and ZIP or foreign postal code 367 G Gross receipts \$ Amended Dewitt, AR 72042-0232 H(a) is this a group return Applica-Yes X No F Name and address of principal officer. Trent Dabbs for subordinates? pending same as C above Yes H(b) Are all subordinates included? Tax-exempt status: 501(c)(3) X 501(c) (527 4947(a)(1) or If "No," attach a list (see instructions) J Website: ▶ www.arfb.com/arkansas H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > Year of formation: 1958 M State of legal domicile: AR Part I Summary Briefly describe the organization's mission or most significant activities. Agricultural Promotion Activities & Governance 2 Check this box > I if the organization discontinued its operations or disposed of more than 25% of its net assets. 38 Number of voting members of the governing body (Part VI, line 1a) 38 Number of independent voting members of the governing body (Part VI, line 1b) 4 . . . Total number of individuals employed in calendar year 2016 (Part V, line 2a) б 5 53 Total number of volunteers (estimate if necessary) 6 197,083. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 22,748. b Net unrelated business taxable income from Form 990-T, line 34 7b **Current Year** Prior Year 0 . 0. Contributions and grants (Part VIII, line 1h) Revenue Program service revenue (Part VIII, line, 2g) 42,898. 41,724. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>4,182.</u> 81,431. 211,052. 209,111. Total revenue - add lines 8 through 1 (must-equal-Part-VIII, column (A), line 12) 258,132. 332,266. 3,940. 2,762. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 129,570. 145,127 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. Ο. 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 89,307 87,822. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 238,374 220,154. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)

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 prepares (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer TAGWT DASISS - IT Type or print name and title	PRIDENT	Date 2-15-18
	Print/Type preparer's name Sherry Chesser, CPA	Preparer's signature	Date Check PTIN If Self-employed P00174819
Preparer		LLP	Firm's EIN 71-0271741
Use Only	Firm's address 201 E. Markham, Little Rock, AR		Phone no.501-375-2025
May the II	RS discuss this return with the preparer shown ab	ove? (see instructions)	X Yes No

832001 11-11-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.

19 Revenue less expenses Subtract line 18 from line 12

Net assets or fund balances Subtract line 21 from line 20

20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26)

Part II | Signature Block

Form 990 (2016)

112,112.

20,667.

227,275

1,247,942.

End of Year

19,758.

20,504.

115, 163.

Beginning of Current Year

1,135,667.

	n 990 (2016) Arkansas County Farm Bureau	71-0230987	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		
	AGIICUICUIAI PROMOCION		
			
2	Did the organization undertake any significant program services during the year which were not listed on the		
_	prior Form 990 or 990-EZ?		X No
	· · · · · · · · · · · · · · · · · · ·	1es	טאונבב
	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	measured by expenses	S.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
		no, the total expenses, t	and
	revenue, if any, for each program service reported.		
4a		ue \$)
	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	ue\$)
		 	
			
			
			
4-			
4c	(Code) (Expenses \$) (Revenue)	ue \$)
			
			
			
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$	ì	
40	Total program service expenses		

Form **990** (2016)

	990 (2016) Arkansas County Farm Bureau 71-023	<u> 30987</u>	<u>Р</u>	age 3
Pai	t IV Checklist of Required Schedules			
L.			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	1	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3)	x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effe			_==
	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	<u> </u>	 	
•	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	1 6	1	x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>	 	43
•	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		+	-
0	Schedule D, Part III	8		x
9	•••	-	-	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	1]]
	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		1	v
10		. 9	 	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	Į.	[v
	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			
_	as applicable	Ì	1]
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	1		
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		ļ	3.7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<u> </u>	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	1		٠,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	 -	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			,,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	 	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		1	
_	Schedule D, Parts XI and XII	12a	 	X
þ	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_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	- 1	ł	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1	}	Ì
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	ļ	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,	- 1		1
	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	}	1	}

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Form 990 (2016)

1c and 8a? If "Yes," complete Schedule G, Part II

complete Schedule G, Part III

Form 990 (2016) Arkansas 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	2 0a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	. 24c		
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.19		
	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			
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	ľ		
	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	. 200		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	. 20		
	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):			
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			X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an office			
·	director, trustee or direct or indirect owner? If "Ves " complete Schodule I. Part IV	000		x
29	Did the organization receive more than \$25,000 in pop.cash contributions? If "Vas " complete Schedule M	20		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25	-	
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		-
٥.	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	. 31		
02	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
-	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	. 33		
.	Part V, line 1	24		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. 34		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a	-	
J	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	25		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	. <u>35b</u>		
55	If "Yes," complete Schedule R, Part V, line 2			1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			v
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		X
55	Note. All Form 990 filers are required to complete Schedule O	38	х	
	o o.o more are required to complete controlled o			(2016)
		COIII	~~~	0 1 0 1

Form•990 (2016)
Part V Sta Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response or note to any line in this Part V

	Check if Schedule O contains a response or note to any line in this Part V			<u></u> _
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2			1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			l
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			ĺ
	filed for the calendar year ending with or within the year covered by this return			
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)			l
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
		3b	X	
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. ▶			l
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b		5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a		اما		17
	any contributions that were not tax deductible as charitable contributions?	6a		<u>X</u>
p	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			İ
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and 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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7-]	ĺ
	to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	.		ł
_		7e 7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organizations maintaining donor advised fallos. Die a donor advised fallo maintained by the	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		ĺ
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	_ 		
а	Initiation fees and capital contributions included on Part VIII, line 12	ı i		{
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			ĺ
11	Section 501(c)(12) organizations. Enter			l
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them) 11b	i '		1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		(1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	ļ	<u> </u>	L
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	<u> </u>
	Note, See the instructions for additional information the organization must report on Schedule 0.	; 		
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 13b			1
	Enter the amount of reserves on hand	<u> </u>	<u> </u>	<u> </u>
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X_
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>
		Form	1 990	(2016)

rait	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 to			140 16	spon	se
~	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C	D. See	instructions			_
	Check if Schedule O contains a response or note to any line in this Part VI		<u> </u>			X
Section	on A. Governing Body and Management					
	•				Yes	No
1a E	inter the number of voting members of the governing body at the end of the tax year	1a	38			
if	there are material differences in voting rights among members of the governing body, or if the governing					
b	ody delegated broad authority to an executive committee or similar committee, explain in Schedule 0.					
ЬΕ	inter the number of voting members included in line 1a, above, who are independent	1b	38			
2 0	old any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other			
0	fficer, director, trustee, or key employee?			2	X	
3 D	old the organization delegate control over management duties customarily performed by or under the	he dire	ct supervision			
	f officers, directors, or trustees, or key employees to a management company or other person?			3		X
	old the organization make any significant changes to its governing documents since the prior Form	990 w	as filed?	4		X
5 C	old the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X
	old the organization have members or stockholders?			6	X	
7a [old the organization have members, stockholders, or other persons who had the power to elect or a	appoint	one or			
	nore members of the governing body?			_7a_	X	
b A	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	
•	and the organization contemporaneously document the meetings held or written actions undertaken during the ye	ear by ti	ne following:			
	The governing body?	•	Ţ	8a	X	
	ach committee with authority to act on behalf of the governing body?			8b	Х	
	s there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
	on B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code.)	-		
				·	Yes	No
10a E	Old the organization have local chapters, branches, or affiliates?			10a		X
	f "Yes," did the organization have written policies and procedures governing the activities of such	chapte	rs, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	·	·	10b		
	las the organization provided a complete copy of this Form 990 to all members of its governing bo	dy bef	ore filing the form?	11a		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	_	-			
	Did the organization have a written conflict of interest policy? If "No," go to line 13		·	12a	X	
	Vere officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	se to co	nflicts?	12b		X
	Old the organization regularly and consistently monitor and enforce compliance with the policy? If "					
	n Schedule O how this was done			12c	X	
13 [Did the organization have a written whistleblower policy?			13		X
	Did the organization have a written document retention and destruction policy?			14	X	
	Did the process for determining compensation of the following persons include a review and appro-	val by i	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision					
	The organization's CEO, Executive Director, or top management official			15a		X
ь (Other officers or key employees of the organization			15b		X
1	f "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	with a	ì		1
t	axable entity during the year?			16a		X
ЬI	f "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its	participation			
	n joint venture arrangements under applicable federal tax law, and take steps to safeguard the org					
	exempt status with respect to such arrangements?			16b		
Secti	on C. Disclosure					
17 l	List the states with which a copy of this Form 990 is required to be filed ► None					
	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) a	vailab	le	
	or public inspection. Indicate how you made these available. Check all that apply.		,			
	Own website Another's website X Upon request Other (explain	ın ın So	chedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, c	onflict	of interest policy, and	l finan	cıal	
	statements available to the public during the tax year.		• •			
	State the name, address, and telephone number of the person who possesses the organization's b	ooks a	ind records: ▶			
	The Organization - 870-946-3501					
	P.O. Drawer 232, Dewitt, AR 72042-0232					

	_			
Form*990 (2016)	Arkansas	County	Farm	Bureau
101111000 (2010)	TITIOTIONS	CC Garage	T CT TIL	Daroua

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	L
 	_

71-0230987

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.

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

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

(A) Name and Title	(B) Average	(do	not c	Pos			one	(D) Reportable	(E) Reportable	(F) Estimated
	hours per	box	, unle	ss pe	rson	ıs bot	th an	1	compensation	amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee	T	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Trent Dabbs	0.50	<u>=</u>	투	٩	<u> </u>	= 5	<u>-</u>			
President		X)	X)		}	0.	0.	0.
(2) Wes Long	0.50									
Vice President		X	}	X		}		0.	0.	0.
(3) Monty Bohanan	0.50									
Secretary		X	l	X	ļ	l]	0.	0.	0.
(4) John Ed Tarkington	0.50				,		1			
Member		X)]	}	0.	\ 0.	0.
(5) Tyler Place	0.50			Γ		Ī				
Member		X	}	<u> </u>	<u> </u>			0.	0.	0.
(6) Kirk Keller	0.50]		}	ļ		1			
Member		X	L	_			L	0.	0.	0.
(7) Sam Tarkington	0.50			}	}	1	-	ł	ł	
Member		X		_	_	_	ot	0.	0.	0.
(8) Derek Bohanan	0.50]	1	1	1	1	1	•	}	}
Member		X	_		<u> </u>	<u> </u>		0.	0.	0.
(9) Clint Roth	0.50	1	l	ŀ	{	1	ì	1	ļ	}
Member	<u> </u>	X	L	<u> </u>	<u> </u>	<u> </u>	1_	0.	0.	0.
(10) David Jessup	0.50	1	-		Ì	1			}	
Member	<u> </u>	X	Ĺ	_	_	<u> </u>	↓_	0.	0.	0.
(11) Terry Dabbs	0.50]	1	Ì		1	1	1	į	}
Member		X	<u> </u>	<u> </u>	Ļ	↓_	1	0.	0.	0.
(12) Webster Hillman	0.50	1		1	ĺ	1	1		_	_
Member		X	ļ	_	<u> </u>	<u> </u>	4_	0.	0.	0.
(13) Justin Berg	0.50	1	-	l	ĺ		-	_	_	
Member	<u> </u>	X	ــــ	<u> </u>	<u>L</u>	<u> </u>	┺	0.	0.	0.
(14) Kevin Wingfield	0.50	4								
Member		X	↓_	_	 	↓_	╄-	0.	0.	0.
(15) Ronald Bauman	0.50	1	,)	}	1]			
Member	 	X	├ -	├-	 	╄	╄	0.	0.	0.
(16) Matthew Feilke	0.50				1					
Member		X	├ -	┼-	├-	\vdash	┿-	0.	0.	0.
(17) Jason Smith	0.50				1					
Member		X	Ц_	ا	<u> </u>	ــــــــــــــــــــــــــــــــــــــ	١.,	0.	0.	0.

Name and title Average hours per week Clist any hours for related organizations Page 1 Page 2 Page 2 Page 3 Page	Part VII Section A. Officers, Directors, (A)	(B)	,		(C		3.19	<u> </u>	(D)	(E)	\Box	(F		
Compensation Comp	• • • • • • • • • • • • • • • • • • • •	Average							1 ' '					į
Compensation Comp			box	, unle	ss pe	rson	ıs bot	h an	compensation	•				f
Nours for related re			\vdash	cer an	o a o	recto	or/trus	itee)				-		
Section Sec		1 '	Irecto									•		
Section Sec		1	e or d	eg.			sated			(44-2/1099-141130)	- 1			
(18) Clay Richter Name N		organizations	truste	al frus		ള	mber		(** 2) 1000 111100)			-		
(18) Clay Richter Name N		below	lg ng	tetto	ja j	튙	lest co	ë			1 /	organiz	zatio	ns
Member			Ē	tastr	를	ke Ye	喜島	휼			\bot			
(20) Stade Whiting	(18) Clay Richter	0.50					ļ			_				
Mamber	Member		X			<u> </u>	ļ		0.		<u>'-</u>			<u>0.</u>
(20) Slade Whiting 0.50 x	(19) Steve Orlicek	0.50								_				_
Member	Member		X					ļ	0.	C	1 •			0.
(21) Mike Dodson 0.50 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	(20) Slade Whiting	0.50	ļ					Ĺ						_
Member X	Member		X	<u> </u>	ļ		-	-	0.	<u>. </u>	<u>' • </u>			0.
(22) Jerry Rodgers	(21) Mike Dodson	0.50	l		1			1						_
Member X	Member		X	ļ	<u> </u>	_	-	┝	0.	<u> </u>	<u>'- </u> -			<u>0.</u>
(23) Brad Keen	(22) Jerry Rodgers	0.50	 							_				^
Member	Member		X	ļ	-		.	-	0.		'- -			<u>U.</u>
Rember		0.50	١							,	.			^
Member		0.50	X	-	-				0.	<u> </u>	' -			<u> </u>
Member	·	0.50	.							,	.			Λ
Member		0.50	A				\vdash	 	<u> </u>		'- -			<u> </u>
Member		0.50	₹.							,	,			Λ
Member		0.50	^	├	-		+	-	<u> </u>	<u> </u>	'			<u> </u>
1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines to and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation	-	0.50									, l			Λ
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No			<u> A</u>	<u> </u>	Ь	L	<u>!</u>							
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization. Yes No		ort VII Costion A									_			
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization. Tyes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation		art VII, Section A												
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Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Name and business address NONE Description of services			.000		J		٠,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				0
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Ine 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation Name and business address NONE Description of services	3 Did the organization list any former of	fficer, director, or tr	uste	e, ke	ey er	mple	oyee	, or	highest compensated e	mployee on				
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation											L	3		X
Section B. Independent Contractors 1 Complete this table for your five highest compensation from any unrelated organization or individual for services (A) Name and business address NONE Section B. Independent Contractors (B) (C) Compensation of services Description of services	4 For any individual listed on line 1a, is	the sum of reportab	le c	omp	ensa	atioi	n an	d ot	ther compensation from	the organization			- 1	
rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation None and business address None Description of services	and related organizations greater thai	n \$150,000? <i>If</i> "Yes	, " cc	mpl	ete :	Sch	edul	e J	for such individual		L	4		<u> </u>
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation	5 Did any person listed on line 1a receiv	e or accrue compe	nsat	tion 1	from	any	y un	relat	ted organization or indiv	idual for services				
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation Compensation Compensation	rendered to the organization? If "Yes,	" complete Schedu	le J	for s	uch	per	son					5		X
the organization Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation														
(A) Name and business address NONE Description of services Compensation											nsat	ion froi	m	
Name and business address NONE Description of services Compensation	the organization Report compensation	on for the calendar y	/ear	end	ıng v	vith	or v	vithi		year.				
				O 3 7 1	-					envices	Cor		ation	,
2 Total number of independent contractors (including but not limited to those listed above) who received more than	Ivaine and bus		N	UN.	Ľ				Description of	301 VICC3		пропо	41101	
2 Total number of independent contractors (including but not limited to those listed above) who received more than														
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2 Total number of independent contractors (including but not limited to those listed above) who received more than														
2 Total number of independent contractors (including but not limited to those listed above) who received more than														
2 Total number of independent contractors (including but not limited to those listed above) who received more than														
	2 Total number of independent contract	tors (including but i	not I	ımıte	ed to	the	ose I	ıste	d above) who received r	nore than				٠,٠

See Part VII, Section A Continuation sheets

Part VII Section A. Officers, Directors, Tr		пріс	yee			nign	est			
(A)	(B))			(D)	(E)	(F)
Name and title	Average hours	(0)		Pos	-	app	.	Reportable	Reportable	Estimated
	per	(0)	IBC.	an	rial	app	iy) I	compensation from	compensation from related	amount of other
	week					99		the	organizations	compensation
	(list any	cţo				l ge		organization	(W·2/1099·MISC)	from the
	hours for	a dire				ed e		(W-2/1099-MISC)	,	organization
	related	ste	uste			22				and related
	organizations	Individual trustee or director	Institutional trustee	١.,	employee	Highest compensated employee				organizations
	below	Mga	ig ig	Officer	emp/	hest	Богтег		_	
	line)	를	Ę	\$	Key	₹	호			
(27) Danny Hearn	0.50									
Member		X						0.	0.	0
(28) Lane Oliver	0.50		1							
Member		X						0.	0.	0
(29) Ryan Hillman	0.50									
Member		X			j			0.	0.	0
(30) Grant Carter	0.50									
Member		X						0.	0.	0
(31) Shan Rodgers	0.50									
Member		X						0.	0.	0
(32) Jody Holzhauer	0.50									
Member	0.00	\mathbf{x}		•				0.	0.	0
(33) Jim Craig	0.50	-						<u></u> ,		
Member	- 0.50	х						0.	0.	0
	0.50	^	_	 						
(34) Tony A. Davis	0.50	X	}					0.	0.	0
Member Caralla	0.50	Λ				-	-			
(35) Donnie Stroh	0.50	X						0.	0.	0
Member	0.50	Δ	-	-	-	-			0.	
(36) Hank Bueker	0.50	х						0.	0.	0
Member	0.50	Λ	├	_		-	├─	U •		
(37) Billy Murl Long	0.50	٠,								0
Member	0.50	X					-	0.	0.	0
(38) Ronny Allen	0.50	,,	ļ	ĺ		ļ				•
Member		X	<u> </u>			-		0.	0.	0
(39) Walter Hillman	0.50									•
Member		X	_	ļ			ļ	0.	0.	0
(40) Curtis Fox	0.50									_
Member	ļ <u></u>	Х	<u> </u>			ļ		0.	0.	0
(41) Trey Daniel	0.50					Ì		_		_
Member		X						0.	0.	0
(42) Floyd Dabbs	0.50	Į .		ĺ						
Member		X						0.	0.	0
(43) Jerry Burkett	0.50									
Member		X						0.	0.	0
(44) Gary Prislovsky	0.50									
Member		X			L	L		0.	0.	0
(45) Daniel Smith	0.50									
Member		X						0.	0.	0
(46) Brandon Rodgers	0.50									
, , ——		x	l	l	l	1	I	0.	0.	0

	s County								<u>71-023</u>	0987
Part VII Section A. Officers, Directors, 1	rustees, Key Er	nplo	yee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours			(C Pos	C) ition	ı		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	. Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
47) Heath Long	0.50							_		•
1ember	0.50	X						0.	0.	0
48) Chance Morgan Member	0.50	x						0.	0.	0
49) Lindsey Bowan	0.50									
1ember		X						0.	0.	0
							_			
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						_				
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		Check if Schedule O conta	ains a response	or note to any line	e in this Part VIII .			
					(Å) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
इ इ	1 a	Federated campaigns	1a					<u> </u>
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues	1b					
S E		Fundraising events	1c					
a it		Related organizations	1d					
S,E		Government grants (contributi	1					
Sign	f	All other contributions, gifts, grant	· ——					
He i	•	similar amounts not included above						
	a	Noncash contributions included in lines	<u> </u>					
a S	_	Total. Add lines 1a-1f						
				Business Code				
e l	2 a	Membership Dues		110000	41,724.	41,724.		
اه ک	b				<u> </u>			
Program Service Revenue	С							
am	d							
Pogr	е							
<u>q</u>	f	All other program service reve	nue					
	я	Total. Add lines 2a-2f			41,724.			
	3	Investment income (including	dıvıdends, ınter	est, and				
		other similar amounts)		>	2,699.			2,699.
	4	Income from investment of tax	exempt bond	proceeds 🕨				
	5	Royalties			3,481.			3,481.
			(i) Real	(II) Personal				
	6 a	Gross rents	7,500	•				
	b	Less. rental expenses	0					
Ì	С	Rental income or (loss)	7,500					
	d	Net rental income or (loss)			7,500.			7,500.
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory		114,169.				
	b	Less. cost or other basis]					
		and sales expenses		35,437.				
i	С	Gaın or (loss)		78,732.				
	d	Net gain or (loss)		_	<u>78,732.</u>			78,732.
ē	8 a	Gross income from fundraising	g events (not					
en		including \$	of					
ě		contributions reported on line	1c) See					
Other Revenue		Part IV, line 18	8	3		1		
		Less: direct expenses		·		1		
		Net income or (loss) from fund		<u> </u>				
	9 a	Gross income from gaming ac	tivities. See			[}
		Part IV, line 19	á	•				•
		Less: direct expenses	_	·				
		Net income or (loss) from gam						
	10 a	Gross sales of inventory, less	returns					
		and allowances		•				
		Less: cost of goods sold	_	بــــا				
	<u>c</u>	Net income or (loss) from sale		_				
		Miscellaneous Revenu		Business Code	107 007		107 003	
		Insurance Servi		524298	197,083.		197,083.	1,047.
	ь		ncome	900099	1,047.			1,041.
	c		 _					
	d	All other revenue			198,130.			
		Total revenue See petrustions			332,266.		197,083.	93,459.
	12	Total revenue See instructions.			334,400.	41,/44.	1000 ·	1 231 = 33 •

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 response or note to any line in this Part IX (C) Management and general expenses (B) Program service expenses (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 2,762 and domestic governments. See Part IV. line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 117,265. 7 Other salaries and wages Pension plan accruals and contributions (include 2,166. section 401(k) and 403(b) employer contributions) Other employee benefits 10,139. Payroll taxes 10 Fees for services (non-employees): Management Legal 600. Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 2,825. Advertising and promotion 12 17,296. 13 Office expenses Information technology 14 15 Royalties 23,615. 16 Occupancy Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 10,742. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 17,138. Depreciation, depletion, and amortization 22 717. 23 Insurance Other expenses. Itemize expenses not covered 24 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.) Taxes and Licenses 6,905. Youth and Safety 6,493. c Equipment Rental and Ma 849. 642. d Miscellaneous e All other expenses 220,154 Total functional expenses. Add lines 1 through 24e 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)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 54,843. 138,833 1 1 Cash - non-interest-bearing 747,638. 476,191. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 7 Notes and loans receivable, net 8 inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment, cost or other 921,774 basis Complete Part VI of Schedule D 10a 204,866. 249,196. 716,908. b Less accumulated depreciation 10c 10b Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related See Part IV, line 11 13 13 . . . 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 . . 135,667 1,247,942 16 Total assets, Add lines 1 through 15 (must equal line 34) 16 2,768. 3,053. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 17,736. 17,614. 19 Deferred revenue 19 . . . 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 20,504. 26 20,667. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances Unrestricted net assets 27 Temporarily restricted net assets 28 28 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 0 0. Paid-in or capital surplus, or land, building, or equipment fund 31 1,115,163. 1,227,275. Retained earnings, endowment, accumulated income, or other funds 32 32 ,115,163. 1,227,275. 33 Total net assets or fund balances 33 1,247,942. 135,667.

34

Total liabilities and net assets/fund balances

Form	990 (2016) Arkansas County Farm Bureau	<u> 71-</u>	0230987	Page	<u> 12</u>
Pa	t XI Reconciliation of Net Assets			_	
	Check if Schedule O contains a response or note to any line in this Part XI			[
-					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,26	
2	Total expenses (must equal Part IX, column (A), line 25)	2		,15	
3	Revenue less expenses. Subtract line 2 from line 1	3		,11	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,115	,16	3.
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	1,227	,27	<u>5.</u>
Pa	t XII Financial Statements and Reporting			_	
	Check if Schedule O contains a response or note to any line in this Part XII			L	
			,	Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other			-]	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	f		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u> _
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	s no t			
	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>X</u> _
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,		
	consolidated basis, or both:			}	
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e 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 Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au			
	Act and OMB Circular A-133?		3a		<u>X</u> _
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	1 1		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form \$	#9U (2	016)

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.

2016

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

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

- 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	on 501(c)(4), (5), or (6) organiza	tions: Complete Part III			
	organization			Emplo	oyer identification number
	Arkansa	s County Farm Bu	reau		71-0230987
Part I-	Complete if the org	anization is exempt und	ler section 501(c)	or is a section 527 or	rganization.
					
1 Prov	ide a description of the organiz	ation's direct and indirect politic	al campaign activities	in Part IV.	
2 Polit	cal campaign activity expendit	ures		▶\$	
3 Volu	nteer hours for political campai	gn activities			
				····	
Part I-	B Complete if the org	anization is exempt und	er section 501(c))(3).	
1 Ente	r the amount of any excise tax	incurred by the organization und	der section 4955	▶\$	
2 Ente	the amount of any excise tax	incurred by organization managi	ers under section 495	5 ▶\$	
3 If the	organization incurred a section	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a Was	a correction made?				Yes No
	es," describe in Part IV			504/	\(\alpha\)
Part I-	C Complete if the org	anization is exempt und	ler section 501 (c)	, except section 501(c)(3).
1 Ente	r the amount directly expended	I by the filing organization for se	ction 527 exempt fund	ction activities > \$	
2 Ente	r the amount of the filing organ	ization's funds contributed to ot	her organizations for s	section 527	
exen	npt function activities			▶\$	
3 Tota	exempt function expenditures	Add lines 1 and 2. Enter here a	and on Form 1120-POL	L-,	
line '	· · · -			▶\$	
	he filing organization file Form				Yes No
		nployer identification number (El			
		tion listed, enter the amount pai			
	•	omptly and directly delivered to additional space is needed, prov		•	te segregated fund or a
					
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate
					political organization. If none, enter -0
					ii none, enter-o
			_		
					
					}

Schedule C (Form 990 or 990-EZ) 2016 2 Part II-A Complete if the organization 501(h)).	Arkansas Co anization is exer	unty Farm E npt under section	Bureau in 501(c)(3) and file	71 – (ed Form 5768 (e	0230987 Page 2 Plection under
	ion belongs to an affil	iated group (and list i	n Part IV each affiliated	group member's nar	ne, address, EIN,
	e of excess lobbying o	-			
B Check ▶ ☐ If the filing organizat	ion checked box A ar	id "limited control" pr	ovisions apply		
	s on Lobbying Exper itures" means amou)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influ	ence a legislative boo	ly (direct lobbying)	[
c Total lobbying expenditures (add lir	nes 1a and 1b)				
d Other exempt purpose expenditure	s		_		
e Total exempt purpose expenditures	s (add lines 1c and 1d)	1		
f Lobbying nontaxable amount Ente					
If the amount on line 1e, column (a) or		bying nontaxable an			
Not over \$500,000		the amount on line 1e			Ì
Over \$500,000 but not over \$1,000		0 plus 15% of the ex			
Over \$1,000,000 but not over \$1,50			cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0		O plus 5% of the exc	ess over \$1,500,000		
Over \$17,000,000	\$1,000,0	000.			
h Subtract line 1g from line 1a. If zero i Subtract line 1f from line 1c If zero j If there is an amount other than zer reporting section 4911 tax for this y (Some organizations the	or less, enter -0- to on either line 1h or year? 4-Year Ave at made a section 5	eraging Period Unde	section 501(h)	of the five columns	Yes No
	<u> </u>		ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))		ļ	ļ — — ļ		
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					<u> </u>
f Grassroots lobbying expenditures					
				Schedule C (For	m 990 or 990-EZ) 2016

Schedule C (Form 990 or 990-EZ) 2016 Arkansas County Farm Bureau

Part II-B Complete if the organization is exempt under coeffice FOX 2016 71-0230987 Page 3

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 57	58
	(election under section 501(h)).	_

or e	ch "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the	e lobbying activity	Yes	No		Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of. Volunteers?					
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
	Media advertisements?	ļ	 			
	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?	<u> </u>	 			
f	Grants to other organizations for lobbying purposes?		ļ			
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?	<u> </u>		{		
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)?		ļ			
	If "Yes," enter the amount of any tax incurred under section 4912]]		
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
<u>d</u> Par	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? t III-A Complete if the organization is exempt under section 501(c)(4), secti	on 501(c)	(5), OI	' se	ction	
	501(c)(6).					
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		<u> </u>	1	X	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		[2	Х	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from t	he prior yea	ır?	3		Х
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No," O	R (b) I		: III-A, lir	ne 3, is
1	Dues, assessments and similar amounts from members	1	⊢	1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures (do not include amounts of political expenditures).	cai	ļ			
_	expenses for which the section 527(f) tax was paid).		1.	_		
a	Current year			2a		
b	•			2b		
C	Total		· - -	2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		·	3_		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex				ı	
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political	- (ı	
-	expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)		· -	4		
5 Par	t IV Supplemental Information		<u>_</u>	5		
		n liet\i Dest	II A lina			
	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group actions), and Part II-B, line 1. Also, complete this part for any additional information.	o listi, ranti	n∙A, IIN e	SIA	ING 2 (598	
						
						
						-
		· · · · · · · · · · · · · · · · · · ·				

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization **Employer identification number** Arkansas County Farm Bureau 71-0230987 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 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? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b 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 Yes 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

Sche		s County F						30987	
Par	t III Organizations Maintaining C	collections of A	rt, Historic	al Treasures, d	or Other	Simil	ar Asse	ts (continu	ed)
.3	Using the organization's acquisition, accessi	on, and other record	ds, check any o	of the following tha	ıt are a sıgr	nificant	use of its	collection i	tems
	(check all that apply)								
а	Public exhibition	•		or exchange progra	ams				
b	Scholarly research	•	Other	 					
C	Preservation for future generations								
4	Provide a description of the organization's co		-	-			ose in Pari	t XIII.	
5	During the year, did the organization solicit of				er sımılar a	ssets	_	_	
<u> </u>	to be sold to raise funds rather than to be m							Yes	No_
Par	t IV Escrow and Custodial Arran		ete if the orgar	ization answered	"Yes" on F	orm 990	D, Part IV,	line 9, or	
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for contri	outions or other as	sets not in	cluded	_	٦.,	<u> </u>
	on Form 990, Part X?			••			<u></u>	」Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table.					_	
						\vdash		Amount	
C	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					_te			
f	Ending balance	000 5: 17/1	04.6			<u>1f</u>		T.,	
	Did the organization include an amount on F				-	17	L.	」 Yes	∐ No
Par	t V Endowment Funds. Complete						-, .		
I ai	t V Zildowillelit i dilds. Complete						roore back	(e) Four y	noro book
4	Reginning of year halance	(a) Current year	(b) Prior ye	ear (c) Two year	IS DAUK (Q) intee)	rears back	(e) Four y	ears Dack
1a	Beginning of year balance Contributions		· · · · · · ·		-		 ·		
D			<u> </u>						
C	Net investment earnings, gains, and losses						_		·
a	Grants or scholarships Other expenditures for facilities							<u> </u>	
e	Other expenditures for facilities								
	and programs Administrative expenses			 	-				
, i	End of year balance								
2 2	Provide the estimated percentage of the cur	rent year and halan	ne (line 1g. coli	ımı (a)) hold as:				l	
2	Board designated or quasi-endowment	rent year end balan	% %	inin (a)) nelu as.					
a	Permanent endowment								
5	Temporarily restricted endowment								
C	The percentages on lines 2a, 2b, and 2c sho								
32	Are there endowment funds not in the posse		ation that are l	neld and administe	red for the	organi	zation		
Od	by.	ocion or the organiz	anon mar aro	iola ana aanin note	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	O gam	Lation	[v	es No
	(i) unrelated organizations							3a(i)	<u>cs 140</u>
	(ii) related organizations							3a(ii)	
h	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on Schedi	 ıle R?				3b	
4	Describe in Part XIII the intended uses of the							<u> </u>	
	t VI Land, Buildings, and Equipm								
L	Complete if the organization answere		0, Part IV, line	11a. See Form 990), Part X, lir	ne 10.			
-	Description of property	(a) Cost or o		Cost or other		umulate	ed	(d) Book	value
	5 b 5	basis (invest		basis (other)		eciation		,-, · · ·	
1a	L-and			82,579.	-			82	,579.
	Buildings			769,724.	1 9	50,1	66.		,558.
	Leasehold improvements			,,		<u> </u>			
	Equipment			57,249.	4	18,7	72.	8	,477.
	Other			12,222.		5,9		6	,294.
	. Add lines 1a through 1e. (Column (d) must e	qual Form 990. Pan	X column (R)						,908.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or er	d-of-year market value
Financial derivatives			
Closely-held equity interests			
Other			_
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			·
(G) (H)			
al (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation. Cost or er	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			·
(7)	<u></u>		·
(8)			
(9)			
al (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" or		11d. See Form 990, Part X, line 15	·
(a) D	Pescription		(b) Book value
(1)			
(2)			
(3)			ļ
(4)			
(4) (5)			
(4) (5) (6)			
(4) (5) (6) (7)			
(4) (5) (6) (7) (8)			
(4) (5) (6) (7) (8) (9)			
(4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line	15.)		
(4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line eart X Other Liabilities.		Page Form 990 Part X line 2	5
(4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities. Complete if the organization answered "Yes" of	on Form 990, Part IV, line		5.
(4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	5.
(4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes	on Form 990, Part IV, line		5.
(4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2)	on Form 990, Part IV, line		5.
(4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3)	on Form 990, Part IV, line		5.
(4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4)	on Form 990, Part IV, line		5.
(4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	on Form 990, Part IV, line		5.
(4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	on Form 990, Part IV, line		5.
(4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	on Form 990, Part IV, line		5.
(4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	on Form 990, Part IV, line		5.
(4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	on Form 990, Part IV, line		5.

	dule D (Form 990) 2016 Arkansas County Farm Bur			<u> 71-023098</u>	/ Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ments With R	evenue per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a			
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on investments	2a		」	
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c		_]	
d	Other (Describe in Part XIII)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b		7	
c					
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		,	5	
	rt XII Reconciliation of Expenses per Audited Financial Stat	ements With	Expenses pe		
تــــــــــــــــــــــــــــــــــــــ	Complete if the organization answered "Yes" on Form 990, Part IV, line				
1	Total expenses and losses per audited financial statements			11	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		•••		
		ا مو ا		1 1	
a	Donated services and use of facilities	2a		-	
b	Prior year adjustments	2b			
C	Other losses	2c		-	
d	Other (Describe in Part XIII)	_2d		<u> </u>	
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.	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_	
b	Other (Describe in Part XIII)	_4b		_	
C	Add lines 4a and 4b			4c	
5				5	
	rt XIII Supplemental Information.				
Prov	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4;	Part IV, lines 1b ar	id 2b; Part V, lin	e 4; Part X, line 2; Pa	rt XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional informa	tion.		
	 				
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		······································			
					
		 			
					
				-	

632054 08-29-18

Schedule D (Form 990) 2016

SCHEDULE 0

(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.lrs.gov/form990.

Open to Public

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number _0230987

Arkansas County Farm Bureau /1-0230987
Form 990, Part VI, Section A, line 2:
Jody Holzhauer and Mike Dodson - family relationship and business
relationship
Webster Hillman, Walter Hillman, David Hillman, Jonathan Hillman, and Ryan
Hillman - family relationship and business relationship
John Tarkington and Sam Tarkington - family relationship and business
relationship
Jerry Rodgers and Brandon Rodgers - family relationship and business
relationship
Floyd Dabbs, Terry Dabbs, and Trent Dabbs - family relationship and
business relationship
Billy Long, Heath Long and Wes Long - family relationship and business
relationship
Hank Bueker and Heath Long - business 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.

Schedule O (Form 990 or 990 EZ) (2016)	Page 2
Name of the organization Arkansas County Farm Bureau	Employer identification number 71-0230987
The 990 is submitted to the office manager and Board Pres	ident for review.
Upon approval, it is signed by the Board President.	
Form 990, Part VI, Section B, Line 12c:	
As issues arise that may lead to conflicts of interest, t	hey are informally
discussed by the board.	
Form 990, Part VI, Section B, Line 15:	
The Organization does not have compensated officers or ma	nagement
officials.	
Form 990, Part VI, Section C, Line 19:	
These documents are not available to the public.	