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Extended to September 17, 2018

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. 1710

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

6 Open to Public Inspection

Form 990 (2016)

Depa	rtment c	the Treasury Do not enter social security numbers on this form as it	nay be made public.				
_		Information about Form 990 and its instructions is at w					
<u>A F</u>	or the	2016 calendar year, or tax year beginning NOV 1, 2016 and endin					
B	heck if pplicabl	C Name of organization	D Employer iden	tification number			
_	⊐Addre	. .					
<u> </u>	_ chang □Name	Craighead County Farm Bureau		0057540			
느	chang			-0257512			
F	return	Number and street (or P.O. box if mail is not delivered to street address) Room.					
_	return. termin	P.O. Box 2397		0-935-5533			
_	ated]Amen	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	314,696.			
<u> </u>	return	UCHESDOIO, AR /2402	H(a) Is this a grou				
L	tion pendii	F Name and address of principal officer SCOCC Gallitati	for subordina				
		same as C above	H(b) Are all subordina				
<u> </u>	ax-ex	mpt status: 501(c)(3) X 501(c) (5) ◀ (insert no.) 4947(a)(1) or	•	h a list (see instructions)			
		e: > www.arfb.com/craighead	H(c) Group exemp				
			Year of formation: 1930	M State of legal domicile; AR			
P	art I	Summary					
ě	1	Briefly describe the organization's mission or most significant activities: ${ t \underline{Agricul}}$	tural Promot:	lon			
Governance			· .				
eru	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of	more than 25% of its ne	1			
Š	3	Number of voting members of the governing body (Part VI, line 1a)	Ļ	3 34			
-ಶ	4	Number of independent voting members of the governing body (Part VI, line 1b)	_	4 34			
Activities &	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	ļ	5 7			
₹	6	Total number of volunteers (estimate if necessary)	ļ	6 65			
Ç	1	Total unrelated business revenue from Part VIII, column (C), line 12	. [7a 232,027.			
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b 0.			
			Prior Year	Current Year			
Θ	8	Contributions and grants (Part VIII, line 1h)		0.			
Š	9	Program service revenue (Part VIII, line 2g)	69,923	1. 68,762.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	684	1,412.			
Œ	11	Other revenue (Part VIII, colum <u>n (A), lines 5, 6d, 8c, 9c, 10</u> c, and 11e)	243,279	9. 244,522.			
	12	Total revenue - add lines 8 through 11 Reschaid Fat VIII, column (A), line 12)	313,884	4. 314,696.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-80)		0. 501.			
	14	Benefits paid to or for members (Part IX, polumn (A) ဤ (A)		0.			
Ø	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	210,019				
Expenses	16a	Professional fundraising fees (Part IX, column (A), time T(a),		0.			
ğ	h	Total fundraising expenses (Part IX, could Distrible 25)					
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	113,463	1. 100,264.			
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	323,480				
	19	Revenue less expenses Subtract line 18 from line 12	-9,59				
L S		TOTORIO ISOO ONPORIOGO CONTRACTO ITO ITO ITO ITO ITO ITO ITO ITO ITO I	Beginning of Current Ye				
ets c	20	Total assets (Part X, line 16)	254,465				
Net Assets or Find Balances	21	Total labilities (Part X, line 16)	30,54				
et l	22	·	223,920				
	art II	Net assets or fund balances Subtract line 21 from line 20 Signature Block	223,320	240,307.			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and	tatamenta, and to the heat o	of my knowledge and belief it in			
		t, and complete. Declaration of preparer (http://than.officer) is based on all information of which pr		of the kilowiedge and belief, it is			
uue	, cone	i, and complete. Declaration or preparer (pure man object) is based on an information of which pr	sparer rias any knowledge.				
۵.		Signature of officer	Date				
Tail According the Proceedings							
He	re			_18			
		Type or print name and title	Date Check	PTIN			
		Print/Type preparer's name Preparer's signature	l la	—— I			
Pai		Sherry Chesser, CPA Show Chesse		nployed P00174819			
	parer	Firm's name Thomas & Thomas LLP	Firm's EIN	71-0271741			
Use	Only	Firm's address 201 E. Markham, Suite 500		•••			
_		Little Rock, AR 72201	Phone no.	501-375-2025			
Ma	v the 1	RS discuss this return with the preparer shown above? (see instructions)		X Yes No			

	990 (2016) Craighead County Farm Bureau	<u>71-0257512</u>	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission.		
	Agricultural Promotion		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	. LYes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	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	rs, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$ including grants of \$) (Revenue)
	County Farm Bureau work is general in nature, helping fa		<u> </u>
	achieve educational improvements, economic opportunity,	and social	
	advancement.		
4b	(Code) (Expenses \$ including grants of \$) (Revenu	e \$)
			
			-
4c	(Code) (Expenses \$ including grants of \$) (Revenue	e \$	<u> </u>
			
	Ottorio (December 2)		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$		
46	Total program service expenses		

Form **990** (2016)

orm	990	(2016)	

Form 990 (2016) Craighead County Farm Bureau Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		Х
2	is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		1	
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	_8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	, , , , , , , , , , , , , , , , , , , ,			7,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	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			v
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	<u> </u>	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			.
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	Ļ	X
1 2 a	Schedule D, Parts XI and XII	10-		X
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		^
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	126	l	Y
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
		14a		X
	Did the organization maintain an onice, employees, or agents outside or the orined states? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			ĺ
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
-	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
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		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
		_	200	

Form 990 (2016) Craighead County Farm Bureau

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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	1		1
	Schedule J .	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c	1	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		ĺ
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X _
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			1
	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)			ĺ
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u> _
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_X_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	Į	į	l
	contributions? If "Yes," complete Schedule M	30		<u>X</u> _
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	Schedule N, Part II	32	لــــا	<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u> _
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		<u>X</u> _
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u> _
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	ļl	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	لـــــا	——
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		 	
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990 ((2016)

Craighead County Farm Bureau

Statements Regarding Other IRS Filings and Tax Compliance

Check of Schedule O contains a response or note to any line in this Part V

						<u> </u>
	Enter the number reported in Box 3 of Form 1006. Fater 0. 4 and analysis	ا ر ا		r —	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a				
þ	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	_1b_	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and regambling) winnings to prize winners?	еропа	ole gaming	_		
٥-	10-	1 1		1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		-			
	filed for the calendar year ending with or within the year covered by this return	_2a _	7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined to the sum of least 10 and 2a is greater than 250 years and the sum of least 10 and 2a is greater than 250 years.			_2b	<u> </u>	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	S)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	_		3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b	_X_	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					
L	financial account in a foreign country (such as a bank account, securities account, or other financial	accour	11)?	4a		X
b	If "Yes," enter the name of the foreign country:					
- -	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).			•
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	-40	• •	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transalf "Yes," to line 5a or 5b, did the organization file Form 8886-T?	iction?	• •	_5b		X
C				5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to any contributions that were not tax deductible as charitable contributions?	ie orga	inization solicit			v
h	If "Yes," did the organization include with every solicitation an express statement that such contribute	1000 01	radta	6a		X
	were not tax deductible?	.10115 01	giits	C.L	ŀ	
7	Organizations that may receive deductible contributions under section 170(c).			6b		
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	nuces n	rouided to the navor?	70		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	vices p	Tovided to the payor.	7a 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as regi	ured	70		
•	to file Form 8282?	25 1040	311 OG	7c	ĺ	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	-	+?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri		•	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	sponsoring organization have excess business holdings at any time during the year?	,		8		
9	Sponsoring organizations maintaining donor advised funds.			_		_
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter				Ī	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter		-		1	
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them)	11b		Ī		
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			ľ	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	,				
	organization is licensed to issue qualified health plans	13b				
C	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	<u>0</u>		14b		
					gan /	

Form 990 (2016) Craighead County Farm Bureau 71-0257512 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			\mathbf{x}				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 34		100					
•	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent 1b 34							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
_	officer, director, trustee, or key employee?	2	X					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, or trustees, or key employees to a management company or other person?	3		х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6	Did the organization have members or stockholders?	6	X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a	X	 				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		,					
	persons other than the governing body?	7b	X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	X					
b	Each committee with authority to act on behalf of the governing body?	8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	and the state of the form of the form of the first of the state of the							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	ın Schedule O how this was done	12c	_X					
13	Did the organization have a written whistleblower policy?	13		X				
14	Did the organization have a written document retention and destruction policy?	14		X				
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a		X				
b	Other officers or key employees of the organization	15b		X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		_X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b		L				
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed None	_						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le					
	for public inspection indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial					
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
	The Organization - 870-935-5533							
	P.O. Box 2397, Jonesboro, AR 72402							

0 (2016)	Craighead	County	Farm	Rur
0 (2010)	CT GT GTT GG	COULTCY	+ 4+111	

Page 7

Form 99 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

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.

eau

- 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)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average		not c		more	than		Reportable	Reportable	Estimated
	hours per week		, unle: cer an					compensation	compensation from related	amount of
	(list any	Ę				Γ		from the	organizations	other compensation
	hours for	die.				20		organization	(W-2/1099-MISC)	from the
	related	ste o	rustee			sensa		(W-2/1099-MISC)		organization
	organizations	ua! tru	onal		e e	E CO				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Scott Gairhan	0.50		_		_			_		
President		X		X	<u>L</u> .	L		0.	0.	0.
(2) Tony Bradley	0.50							•		
1st Vice President		X		X	L.	L		0.	0.	0.
(3) Mike Mahan	0.50									
2nd Vice President		X		X	L.	L_		0.	0.	0.
(4) Jeffrey Tubbs	0.50									
Secretary/Treasurer		X		X	L	L	<u>L</u> _	0.	0.	0.
(5) Mark Bowers	0.50				1					
Member		X				L		0.	0.	0.
(6) Jerome Boyd	0.50									
Member		X		L.	L	<u> </u>		0.	0.	0.
(7) Kieth Boyd	0.50	1		ļ				_	_	_
Member		X				L	<u> </u>	0.	0.	0.
(8) Tim Burcham	0.50	1							_	_
Member		X		 	<u> </u>	<u> </u>		0.	0.	0.
(9) Jason Bradley	0.50	_						_	_	_
Member		X	<u> </u>	<u> </u>		<u> </u>	 	0.	0.	0.
(10) Joe Christian	0.50	1						_		
Member		X	_	<u> </u>			_	0.	0.	0.
(11) Richard Coy	0.50									_
Member		X	<u> </u>	<u> </u>		-	<u> </u>	0.	0.	0.
(12) Michael Cureton	0.50	l				İ				
Member		X	-	<u> </u>		Ļ	<u> </u>	0.	0.	0.
(13) Josh Cureton	0.50		1				Ì			
Member	_	X	<u> </u>	 	<u> </u>	├ -		0.	0.	0.
(14) Chris Damron	0.50		1						•	•
Member		X	-	_	<u> </u>	Ļ_	<u> </u>	0.	0.	0.
(15) Joe Gammill	0.50							_	_	_
Member		X	├-	 	_	├ -	⊢-	0.	0.	0.
(16) Bob Griffin	0.50								_	_
Member		X	<u> </u>	<u> </u>	 	├ -	<u> </u>	0.	0.	0.
(17) Cary Matthews	0.50	l						_	_	^
Member		X				<u> </u>	<u> </u>	0.	0.	0.

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, <u>an</u> e	d Hi	ghe	st C	Compensated Employe	es (continued)		
(A)	(B) (C)							(D)	(E)	Ţ — —	(F)
Name and title	Average	(do				than	one	Reportable	Reportable	Es	stimated
	hours per week	box	, unle	ss pe	rson	s bot	h an	compensation	compensation		nount of
	(list any	_	<u> </u>				T .	from the	from related		other
	hours for	director				-	l	organization	organizations (W-2/1099-MISC)		pensation om the
	related	te or	ıstee			an State	i	(W-2/1099-MISC)	(11 27 1000 111100)		anization
	organizations	l fus	naltri		oyee	e e				_	d related
	line)	Individual trustee or	Institutional trustee	ice.	Key employee	Highest compensated employee	Former			orga	anızatıons
	<u> </u>	트	<u> </u>	통	ā	₹.	훈	 		—	
(18) David Hodges	0.50	,,									•
Member	0 50	X	├	-	├	-	\vdash	0.	0.		0.
(19) Lennie Hogan	0.50	x			1						^
Member	0.50	^	╁	\vdash	 	├	├-	0.	0.	'	0.
(20) David Gairhan	0.30	X				ĺ		0.	0.		0
Member Homan	0.50	^	t	\vdash	 	+-	├-	ļ <u>0.</u>	<u>u</u>	'	0.
(21) Don Hosman	0.30	X						0.	0.		_ 0.
Member (22) Bill Humphrey	0.50	^	t	\vdash	-	t^-	╁╴			+	
Member	0.30	X						0.	0.		0.
(23) Kevin Hoke	0.50		†-	<u> </u>	T-	t	t	† -		' 	
Member		X						0.	0.		0.
(24) James Peachey	0.50		t			T	t			1	
Member		X	1]			0.	0.		0.
(25) James Pierce	0.50		T -			\Box				1	
Member		X		l				0.	0.	.	0.
(26) Max Render	0.50										
Member		X						0.	0	,	0.
1b Sub-total							ightharpoons	0.	0 .		0.
c Total from continuation sheets to Part V	II, Section A						▶	0.	0 .		0.
d Total (add lines 1b and 1c)	- <u>-</u>			_			<u> </u>	0.	0.	<u>.l</u>	0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wl	ho r	eceived more than \$100	,000 of reportable		
compensation from the organization							_				0
											Yes No
3 Did the organization list any former officer,			e, ke	y er	nplo	yee	, or	highest compensated e	mployee on		.
line 1a? If "Yes," complete Schedule J for s										3	X
4 For any individual listed on line 1a, is the su	-		-					•	the organization		
and related organizations greater than \$15									d =15	4	X
5 Did any person listed on line 1a receive or a							elat	ted organization or indivi	dual for services	_	
rendered to the organization? If "Yes," com Section B. Independent Contractors	ipiete Schedui	e J i	Or S	ucn	pers	SON	_			5	Х
Complete this table for your five highest co	mnensated in	done		nt c	onti	racto	ore t	that recoved more than	\$100,000 of compen	eation (rom
the organization Report compensation for										Sauoni	10111
(A)	une salengali y	<u> </u>				<u> </u>		(B)	, our	(C	<u></u>
Name and business	address	NO	INC	3				Description of s	ervices		nsation
]				
							-				_
	·										
							I				
							_				
								l			
2 Total number of independent contractors (i		ot lii	mıte	d to		_	stec	d above) who received m	ore than		
\$100,000 of compensation from the organi						0	1.				000 := :
See Part VII, Section	n A Cont	:11	nua	at i	LOI	n s	sn:	eets		Form	990 (2016)

(A)	(B)			(C	C)			(D)	ees (continued) (E)	(F)
Name and title	Average	1			ition	1		Reportable	Reportable	Estimated
•	hours	(ct	neck	all t	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_) ee		the	organizations	compensation
	(list any	ecto				Ĭ,		organization	(W-2/1099-MISC)	from the
	hours for	9	93			賣		(W-2/1099-MISC)		organization
	related	stee	truste			pens				and related
	organizations	Individual trustee or director	institutional trustee		Key employee	Highest compensated employee				organizations
	below	ğ	atte	Officer	ye	phest	Former			
	line)	Ē	iu	₽	홀	Ξ	2			·
27) Bill Shannon	0.50				1					
lember		X			<u> </u>			0.	0.	
28) John Sloan	0.50]					}			
Member		X						0.	0.	(
29) Kevin Higgins	0.50									
fember		X	ŀ					0.	_ 0.	(
30) Jim Tubbs	0.50									
Member		X	1	}		1		0.	_ 0.	(
(31) Drew Davis	0.50	Ť								`
Member		x	ļ	}		1	-	0.	0.	(
(32) Dan Hosman	0.50	-	<u> </u>				 			`
•	0.50	X				İ		0.	0.	(
Member	0.50	<u> </u>	 		-		├	<u>u.</u>		
(33) Joseph Smith	0.30	X					ĺ	l o.	0.	,
Member	0.50	^	-	-	-		- -	U •	<u> </u>	
(34) Nathan Wells	0.50	₹.,		•				_		
fember	0.50	X	 	_	-	\vdash	 	0.	0.	
(35) Scott Gibson	0.50		ŀ		1					_
fember		X	<u> </u>		<u> </u>	_	├	0.	0.	
(36) Jonathan Bobbitt	0.50	<u> </u>				Ì	Ì			_
Member		X	_	_	!	_	<u> </u>	0.	0.	C
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Form **990** (2016)

Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or (C) Unrelated (D) Revenue excluded from tax under Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts. Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f Business Code 68,762. 68,762. 2 a Membership Dues 110000 Program Service Revenue f All other program service revenue 68,762. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 1,412 1,412. Other similar amounts) Income from investment of tax-exempt bond proceeds 5,627. 5,627. Royalties 5 (i) Real (II) Personal 6 a Gross rents 5,400. 0. b Less rental expenses 5,400. c Rental income or (loss) 5,400. 5,400. d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 **b** Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV. line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 232,027. 11 a Insurance Service Fees 524298 232,027. 1,468. 542298 1,468. b Miscellaneous d All other revenue 233,495. e Total. Add lines 11a-11d 13,907. 314,696. 68,762. 232,027. Total revenue See instructions.

Form 990 (2016)

Form 990 (2016) Craighead County Farm Bureau
Part IX Statement of Functional Expenses

Secu	on 501 (c)(3) and 501 (c)(4) organizations must comp Check if Schedule O contains a response			ompiete column (A).	
<u> </u>	ot include amounts reported on lines 6b,	(A)		(C)	(D)
υο n 7b, 8	Bb, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations			gariata organiado	
-	and domestic governments. See Part IV, line 21	501.			
	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members			ļ	
5	Compensation of current officers, directors,				
	trustees, and key employees			 	
6	Compensation not included above, to disqualified	İ			
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	170 207		 	
7	Other salaries and wages	179,387.		 	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	3,804.		 	
9	Other employee benefits	14,353.		 	
10	Payroli taxes Fees for services (non-employees)			 	
11 a	Management	ļ			
b	Legal .			 	
c	Accounting	600.			
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
•	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	7,185.			
13	Office expenses	28,556.			
14	Information technology			ļ	
15	Royalties			ļ	
16	Occupancy	37,853.			
17	Travel			 	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	17 122		 	
19	Conferences, conventions, and meetings	17,133.		 	
20	Interest Payments to offiliates			 	
21	Payments to affiliates	6,948.		 	
22 23	Depreciation, depletion, and amortization Insurance	0,340.		 	
23 24	Other expenses. Itemize expenses not covered			 	
27	above. (List miscellaneous expenses in line 24e. If line)	j			
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Youth and Safety	1,228.			
b	201 77	761.			
c					
d					
е	All other expenses				
25_	Total functional expenses. Add lines 1 through 24e	298,309.			
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	Ì			
	Check here	I		1	

Form 990 (2016)
Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	267.	1	267.
	2	Savings and temporary cash investments	179,203.	2	202,166.
	3	Pledges and grants receivable, net		3	-
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
	•	Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined u	nder		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contrib	outing		
		employers and sponsoring organizations of section 501(c)(9) voluntary			
S		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ž	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
	}	basis. Complete Part VI of Schedule D 10a 519, 8	358.		
	ь	Less accumulated depreciation 10b 451,8		10c	68,048.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	254,465.	16	270,481.
	17	Accounts payable and accrued expenses	4,269.	17	4,020.
	18	Grants payable		18	
	19	Deferred revenue .	26,276.	19	26,154.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors, trustee	es,		
Liabilities		key employees, highest compensated employees, and disqualified person	ıs		
abi	ŀ	Complete Part II of Schedule L	•	22	
=	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
	1	parties, and other liabilities not included on lines 17-24). Complete Part X of	of	·	
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	30,545.	26	30,174.
		Organizations that follow SFAS 117 (ASC 958), check here ▶	and		
S	1	complete lines 27 through 29, and lines 33 and 34.		1	
ဦ	27	Unrestricted net assets		27	
<u>a</u>	28	Temporarily restricted net assets		28	
B	29	Permanently restricted net assets		29	
Ë		Organizations that do not follow SFAS 117 (ASC 958), check here	X		
or F		and complete lines 30 through 34.		İ	
its	30	Capital stock or trust principal, or current funds	0.	30	_ 0.
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	223,920.	32	240,307.
Š	33	Total net assets or fund balances	223,920.	33_	240,307.

orm	990 (2016) Craignead County Farm Bureau	_71-025	7512	Pag	e 12
	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	_ •		l	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	314	, 69	96.
2	Total expenses (must equal Part IX, column (A), line 25)	2	298	3,30	9.
3	Revenue less expenses Subtract line 2 from line 1	3		, 38	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	223	,92	20.
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	240	<u>),3(</u>	<u> </u>
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u>:</u>			\Box
				Yes	No
1	Accounting method used to prepare the Form 990:			Ì	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
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	d on a	1		
	separate basis, consolidated basis, or both:		1 1	1	
	Separate basis Consolidated basis Both consolidated and separate basis		1 1		
b	Were the organization's financial statements audited by an independent accountant?	•	2b		<u>_X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,	1		
	consolidated basis, or both:		1	1	
	Separate basis Consolidated basis Both consolidated and separate basis		1	ľ	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		ŀ	
	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 Audit		ŀ	v
	Act and OMB Circular A-133?	urod audit	3a	\dashv	<u>X</u>
Þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits explain why in School II O and december any stops taken to undergo such audits.	ireu audit	26		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b Form 9	200 "	2016
			LOH!!	200 (Z	2010)

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

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

- 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

) (300 30 P					
•	Section 5	01(c)(4), (5), or (6) organizat	ions: Complete Part III			
Nan	ne of orga				Emp	loyer identification number
	_	<u>Craighe</u>	ad County Farm B	ureau		71-0257512
Pa	art I-A	Complete if the org	anization is exempt und	er section 501(c) or is a section 527 o	rganization.
						
1	Provide a	a description of the organiz	ation's direct and indirect politic	al campaign activities	s in Part IV.	
2	Political (campaign activity expendit	ures	. •	▶ \$	
3		r hours for political campai			• •	
_						
Pa	art I-B	Complete if the org	anization is exempt und	er section 501(c	3)(3).	
1	Enter the	amount of any excise tax	incurred by the organization und	ler section 4955	▶ \$,
2	Enter the	amount of any excise tax	incurred by organization manage	ers under section 495	55 ▶ \$; <u> </u>
3	If the org	anization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?	_	Yes No
48	a Was a co	orrection made?				Yes No
Ŀ	o If "Yes,"	describe in Part IV				_
Pa	art I-C	Complete if the org	anization is exempt und	er section 501(c), except section 501	(c)(3).
1	Enter the	amount directly expended	by the filing organization for sec	ction 527 exempt fun	ction activities	;
2	Enter the	amount of the filing organ	zation's funds contributed to otl	her organizations for	section 527	
	exempt f	unction activities			▶ \$	
3	Total exe	empt function expenditures	. Add lines 1 and 2 Enter here a	nd on Form 1120-PO		
	line 17b				▶ \$	Ves No.
4	Did the f	iling organization file Form	1120-POL for this year?			Yes No
5	Enter the	names, addresses and en	nployer identification number (Eli	N) of all section 527 p	political organizations to which	th the filing organization
	made pa	yments For each organiza	tion listed, enter the amount paid	d from the filing organ	nization's funds Also enter th	ne amount of political
	contribut	tions received that were pro	omptly and directly delivered to a	a separate political or	ganization, such as a separa	ate segregated fund or a
	political a	action committee (PAC) If	additional space is needed, prov	ide information in Pai	rt IV	
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
		1			filing organization's	contributions received and
					funds. If none, enter -0-	promptly and directly delivered to a separate
						political organization.
						If none, enter -0
		· ·				
				1	1	

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

Schedule C (Form 990 or 990-EZ) 2016

Schedule C (Form 990 or 990-EZ) 2016 (<u>raigneau</u>	County Farm	Bureau	71-	0257512 Page 2
Part II-A Complete if the org	anization is ex	empt under sectio	n sur(c)(s) and the	ra Form 5/68 (e	election under
section 501(h)).				-	
•		affiliated group (and list in	n Part IV each affiliated (group member's nar	me, address, EIN,
expenses, and share	•	• •			
B Check I If the filing organizat	ion checked box A	and "limited control" pro	ovisions apply.		
Limit	s on Lobbying Ex	penditures		(a) Filing organization's	(b) Affiliated group
(The term "expend	litures" means am	ounts paid or incurred.)	totals	totals
					
1a Total lobbying expenditures to influ	•		-		
b Total lobbying expenditures to influ	•	oody (direct lobbying)			
c Total lobbying expenditures (add lii	•	•	-		+
d Other exempt purpose expenditure	-		-		
e Total exempt purpose expenditure					
f Lobbying nontaxable amount Ente					
If the amount on line 1e, column (a) o		obbying nontaxable am			
Not over \$500,000		of the amount on line 1e			
Over \$500,000 but not over \$1,000		,000 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5		,000 plus 10% of the exc			
Over \$1,500,000 but not over \$17,		,000 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,00	00,000			
					
g Grassroots nontaxable amount (en		•			
h Subtract line 1g from line 1a. If zer	•	•	}		
i Subtract line 1f from line 1c If zero	•		L L		<u> </u>
j If there is an amount other than ze		or line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this					Yes No
(Sama avanimations th		Averaging Period Under	, ,	f the five columns	hatau
(Some organizations ti		n 501(h) election do not parate instructions for li	•	i the live columns	below.
		penditures During 4-Ye	<u>_</u>	·	
	LODDYING EX	penditures burning 4- re	ar Averaging Ferrod		
Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
(or fiscal year beginning in)	(4) - 3 · 5	(2)	(6)	(4) 2010	(0) 1014
				 .	
2a Lobbying nontaxable amount					
b Lobbying celling amount				-	
(150% of line 2a, column(e)))		
(100% of life 2a, column(c))		- 			
c Total lobbying expenditures			į		
& Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount			 		
(150% of line 2d, column (e))					
(1.50.5 5 5.5)				-	
f Grassroots lobbying expenditures			1		

Schedule C (Form 990 or 990 EZ) 2016 Craighead County Farm Bureau 71-0257512 Page 3
Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

"Yes," response on lines 1a through 1i below, provide in Part IV a detailed description (a)		a)	(b)	
the lobbying activity.	Yes	No	Amo	unt
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:	Ì			
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			1	
c Media advertisements?				_
d Mailings to members, legislators, or the public?			 	_
e Publications, or published or broadcast statements?				_
f Grants to other organizations for lobbying purposes?			†	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		T		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1i			<u> </u>	
a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			 	
b If "Yes," enter the amount of any tax incurred under section 4912	•			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912		ļ		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			 	
art III-A Complete if the organization is exempt under section 501(c)(4), s	ection 501(c	(5). or se	ection	
501(c)(6).			·	
			Yes	N
Were substantially all (90% or more) dues received nondeductible by members?		_1_	X	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?		_2	_ X	
Did the organization agree to carry over lobbying and political campaign activity expenditures for the art III-B Complete if the organization is exempt under section 501(c)(4), so 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answer	ection 501(c	ır? 3)(5), or s	ection	X ne 3,
Did the organization agree to carry over lobbying and political campaign activity expenditures for art III-B Complete if the organization is exempt under section 501(c)(4), s 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes."	ection 501(c	ır? 3)(5), or s	ection	
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Did the organization agree to carry over lobbying and political campaign activity expenditures from III-B Complete if the organization is exempt under section 501(c)(4), s 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid). Current year Carryover from last year Carrover from last year	ection 501(c) ered "No," O political	1/? 3 1(5), or so R (b) Par 1 2a 2b 2c	ection	
Did the organization agree to carry over lobbying and political campaign activity expenditures from the section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du	ection 501(c) ered "No," O political es ne excess	1/? 3 1(5), or so R (b) Par 1 2a 2b 2c	ection	
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SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 16 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Craighead County Farm Bureau

Employer identification number 71_0257512

Par		ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	<u> </u>	Yes No
6	Did the organization inform all grantees, donors, and donor a	• • •	
	for charitable purposes and not for the benefit of the donor of	• •	•
	impermissible private benefit?	, ,	Yes No
Pai		ganization answered "Yes" on Form 990,	
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a hist	orically important land area
	Protection of natural habitat	· -	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax
	year >		-
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ition easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for
	conservation easements.		
Pa	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stater	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furthera	ince of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	blic 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		
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		\$

Sched Par		collections of A				or Oth			<u> 57512</u>	
3	Using the organization's acquisition, accessing	on, and other record	is, cneck	cany or the	tollowing tha	ıt are a s	ignificant i	use of its	collection i	tems
	(check all that apply)		. —.							
а	Public exhibition	d			hange progra	ams				
ь	Scholarly research	е	٠ لـــا (Other						
С	Preservation for future generations							_		
4	Provide a description of the organization's co				_			ose in Par	XIII.	
5	During the year, did the organization solicit o					er sımılaı	assets	_	٦.	_
D	to be sold to raise funds rather than to be ma					43.4 11			Yes	No_
Par	t IV Escrow and Custodial Arrange reported an amount on Form 990, Par		ete ii the	organizatio	n answered	"Yes" on	Form 990), Part IV,	line 9, or	
			tion for							
1a	Is the organization an agent, trustee, custodi	an or other intermet	lary for t	Contribution	is or other as	sets not	included	_	٦.,	┌┐
	on Form 990, Part X?	and complete the fo	llouana t				-	느	Yes	∟ No
D	If "Yes," explain the arrangement in Part XIII	and complete the io	mowing t	able.					A	
	Danishing balance								Amount	
C	Beginning balance						1c			
a	Additions during the year Distributions during the year	•		•		•	1d			
e	• • • •	• •	-		•		1e	 -		
7-	Ending balance Did the organization include an amount on Fe	orm 000 Part V line	21 for a	20050144 05 0	untodial agai	Sunt liabi			Yes	
2a	If "Yes," explain the arrangement in Part XIII							L _	_ res	No
Par								-		<u></u>
	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(a) Current year		rior year	(c) Two yea		(d) Three y	ears hack	(e) Four y	pare hack
10	Beginning of year balance	(a) Current your	(5)	nor year	(c) Two yea	13 Daok	(d) inico y	Cars back	(e) i oui y	Dais Dack
b	Contributions									
0	Net investment earnings, gains, and losses				 					
4	Grants or scholarships				 					
	Other expenditures for facilities				 					
-	and programs					ļ				
	Administrative expenses				†					 _
'	End of year balance									
9 2	Provide the estimated percentage of the curi	rent vear end haland	e (line 1	a column (all held as:				<u> </u>	
	Board designated or quasi-endowment	one your one balance	%	g, 00.0/1/// (i	a)) 11010 00.					
b	Permanent endowment	<u></u> %	_′°							
_	Temporarily restricted endowment	^ %								
•	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	•	ation tha	at are held a	and administe	ered for t	he organiz	ation		
-	by:						.		TY	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as requi	red on S	chedule R?)				3b	
4	Describe in Part XIII the intended uses of the	•						•		
Pai	t VI Land, Buildings, and Equipm		-							
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV	/, line 11a. \$	See Form 990), Part X,	line 10.			
	Description of property	(a) Cost or o	7		t or other		ccumulate	ed	(d) Book v	/alue
		basis (investr	nent)	basis	(other)	de	preciation		• •	
1a	Land				8,200.				8	,200.
b	Buildings			28	7,158.		236,2	90.		,868.
С	Leasehold improvements									
d	Equipment			21	2,526.		210,0	46.	2	,480.
	Other				1,974.		5,4			,500.
Tota	l. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colun						68	,048.

Schedule D (Form 990) 2016

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

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

(6) (7) (8) (9)

Schedule D (Form 990) 2016 Craighead County Farm Bureau	71-0257512 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Reve	nue 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:	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities 2b	
c Recovenes of prior year grants . 2c	
d Other (Describe in Part XIII.)	
e 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	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses	enses per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	
1 Total expenses and losses per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities	
b Prior year adjustments	
c Other losses 2c	
d Other (Describe in Part XIII)	
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII)	
c Add lines 4a and 4b	4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
Part XIII Supplemental Information.	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b	, Part V, line 4, Part X, line 2; Part XI,
lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	
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Schedule D (Form 990) 2016

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(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.

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

Name of the organization

Craighead County Farm Bureau

Employer identification number 71-0257512

Form 990, Part VI, Section A, line 2:
Mark Bowers & Joe Christian - family relationship
Michael Cureton & Josh Cureton - family & business relationship
David Gairhan & Scott Gairhan - family & business relationship
Scott Gibson & David Hodges - family & business relationship
Don Hosman & Dan Hosman - family & business relationship
Jerome Boyd & Keith Boyd - family relationship
Jim Tubbs & Jeffrey Tubbbs - family relationship
Form 990, Part VI, Section A, line 6:
The Organization is a mutual benefit organization with members.
Form 990, Part VI, Section A, line 7a:
The board is elected annually by the general membership. Officers are
elected by the board.
Form 990, Part VI, Section A, line 7b:
Policy resolutions are subject to member approval.
Form 990, Part VI, Section B, line 11b:
The 990 is presented in a board meeting to all board members in attendance.
Form 990, Part VI, Section B, Line 12c:
The conflict of interest policy in place requires officers to disclose
annually situations which may give rise to conflicts of interest. Any
board member refusing to sign will be removed from the board. LHA For Paperwork Reduction Act Notice see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016)

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization Craighead County Farm Bureau	Employer identification number 71-0257512
Form 990, Part VI, Section B, Line 15:	
The Organization does not have compensated officers	or management
officials.	
Form 990, Part VI, Section C, Line 19:	
These documents are not available to the public.	
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Schedule O (Form 990 or 990-EZ) (2016)

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