Form **990**

Department of the Treasury Internal Revenue Service 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. 910

Go to www.irs.gov/Form990 for instructions and the latest information.

2018

Open to Public Inspection

Form 990 (2018)

	<u>A F</u>	or the	2018 calendar year, or tax year beginning NOV 1, 2018 and e	ending ()	CT 31, 201	
	B c	heck if pplicable	C Name of organization		D Employer iden	tification number
		Addres	Craighead County Farm Bureau			
	\vdash	Name change			71-	-0257512
	\vdash	Initial return		Room/suite	E Telephone num	
	\vdash	Final return/	P.O. Box 2397)-935-5533
		termin- ated			G Gross receipts \$	336,704.
	Г	Amend			H(a) is this a group	
	F	Applica			for subordina	
		pendin	same as C above		H(b) Are all subordinate	
	<u></u>	ax-exe	mpt status 501(c)(3) X 501(c) (5) (insert no.) 4947(a)(1) or	r 🗆 🛈 र		n a list (see instructions)
			e: ► www.arfb.com/craighead		H(c) Group exemp	· · · · · · · · · · · · · · · · · · ·
			organization; X Corporation Trust Association Other	L Year		M State of legal domicile; AR
	Pa		Summary			
	ě	1 1	Briefly describe the organization's mission or most significant activities $ { t Agric} $	ultur	<u>al Promoti</u>	.on
	Activities & Governance	-				
	ēru	_	Check this box 🕨 🔛 if the organization discontinued its operations or dispose	ed of more	than 25% of its net	1
	Š.		Number of voting members of the governing body (Part VI, line 1a)		<u>-</u>	3 35
	8		Number of independent voting members of the governing body (Part VI, line 1b)		F	4 35
	ies	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		_ :	5 6
	Ĭ		Total number of volunteers (estimate if necessary)		<u> </u>	6 64
	Act		Total unrelated business revenue from Part VIII, column (C), line 12		<u> </u>	249,018.
		ы	Net unrelated business taxable income from Form 990-T, line 38			<u>76</u> 0.
					Prior Year	Current Year
7	ne		Contributions and grants (Part VIII, line 1h)	<u> </u>		0.
7.77	Revenue		Program service revenue (Part VIII, line 2g)	<u> </u>	68,930	
	Rev		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		1,962	
)	_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	250,441	
┥			otal revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)		321,333	
MAR			Grants and similar amounts paid (Part IX, column (A), lines 1-3)	_	501	
			Benefits paid to or for members (Part IX, column (A), line 4)			0.
\Box	es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	189,276	
SCANNED	Expenses		Professional fundraising fees (Part IX, column (A), line 11e) RECEIVED otal fundraising expenses (Part IX, column (D), line 25		<u> </u>	0.
5	X			<u> ज</u> 8्र}	00 055	0.5.400
₹	_		Other expenses (Part IX, column (A), lines 11a-11d, 11f 24e	<i>-13</i> }}_	98,057	
ري			oral expenses year miles to the first educate are the supplier to the supplier	1881	<u>287,834</u>	
((_ S	19 F	Revenue less expenses Subtract line 18 from line 12	7	33,499	
	t Assets or d Balances		Total assets (Part X line 16)	Her	inning of Current Yea	
	Sse		oral accord (Fair X, into Fo)		303,208	
	Net A Fund		otal liabilities (Part X, line 26)		29,402	
i		<u>22 </u> rt	let assets or fund balances Subtract line 21 from line 20 Signature Block		273,806	319,038.
ı			ties of pelyury, I declare that I have examined this return, including accompanying schedules	and stateme	ante and to the best of	my knowledge and belief it is
			, and complete. Declaration of prepare ((other than officer) is based on all information of whic			my knowledge and belief, it is
	uuc,		A COMPLETE DECIMALISTS PREPARED THAN SHARETY IS BASED ON AN INCOMPANION OF WHICH	cii piepaiei	nas ariy kilowicogy.	7/2020
	Sigr	.	Signature of Otiger		Date	11 (00000
	Here	- 1	Tony Bradley tres			
	11611		Type or print name and title		-	
-			Print/Type preparer's name Preparer's signature	D	ate , Check	PTIN
ı	Paid		Print/Type preparer's name Maria K. Bean, CPA Preparer's signature CPA	PA	2/19/20 If self-emp	P00941762
	Prep	г	Firm's name Landmark PLC, CPAs		Firm's EIN	71-0355269
	Use (Firm's address 201 E. Markham, Suite 500			,
		,	Little Rock, AR 72201		Phone no 5	01-375-2025
		45 - ID	S dispuse this return with the property shows shows? (see instructions)		L Holle Ho.	V Vac Na

	990 (2018) Craighead County Farm Bureau	<u>71-0257512</u>	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		
2	Did the exponentian undertake any configent exporem convers during the year which were not listed on the		
2	Did the organization undertake any significant program services during the year which were not listed on the		X No
	prior Form 990 or 990-EZ?	Yes	L ∆ ∟ 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?	L 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 othe		
	revenue, if any, for each program service reported	· · · · · · · · · · · · · · · · · · ·	
4a			· · · · · · · · · · · · · · · · · · ·
44	(Code) (Expenses \$		<i>'</i>
	County Farm Bureau work is general in nature, helping fa		
	achieve educational improvements, economic opportunity,	and social	
	advancement.		
			
4b	(Code) (Expenses \$) (Revenue	e \$)
			<u> </u>
			
4c	(Code) (Expenses \$	e\$)
	•		
	· · · · · · · · · · · · · · · · · · ·		
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$ (Revenue \$		
<u>4e</u>	Total program service expenses		

Form **990** (2018)

			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	<u> </u>	X
2	is the organization required to complete Schedule B, Schedule of Contributors?	2		<u>X</u> _
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	_	x	
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Α.	
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		х
-	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		- 21
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	•		
8	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
3	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		Х
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	L	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
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			.,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	444		v
	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 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		
f	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		х
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a		х
h	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
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,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			٠,,
	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,	47		v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18		х
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
19	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
zoa 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		Х
			200	

Page 4

га	Checklist of Required Schedules (continued)			
			Yes	No
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	23		X
24.0	Schedule J	23	 	1
24 a	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		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	1
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ū	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b	<u></u>	
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	<u> </u>	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	İ		
	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	1		
	instructions for applicable filing thresholds, conditions, and exceptions)	1		l
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	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,			3,7
~~	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_^
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	20		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30	 	
J 1	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u>ٿ</u>		
OL.	Schedule N, Part II	32		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			İ
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			İ
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	-
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	ĺ		i
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		,	
Par	Note. All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	_ 38	X	
rai	Check if Schedule O contains a response or note to any line in this Part V			
	Check is desiredule of contains a response of note to any line in this fact v		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ليا.
4 -	Enter the number reported in Day 2 of Form 1006. Feter 0, if not enables to		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Lib. U Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
C	(gambling) winnings to prize winners?	1c	x	

		. *	Yes	Νo
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 6		~	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			_
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	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
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	_		_
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		<u>X</u>
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	_6b		
7	Organizations that may receive deductible contributions under section 170(c).		٠ -	-
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	ļ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	/n		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a	-	
a b	Data.	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	1.		
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter			
·· a	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)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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			
-	Enter the amount of reserves on hand			
	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		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		<u> </u>
	If "Yes," see instructions and file Form 4720, Schedule N		-	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Voc." complete Form 4720. Schedule O	1 1	ı l	

Form 990 (2018) 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			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 35			
	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 35			
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	<u> </u>		
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
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	Х	
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 hold 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		X
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		37
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
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		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40.	v	
	in Schedule O how this was done	12c	Х	~
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		
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?	15a		х
	The organization's CEO, Executive Director, or top management official	15b		X
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	100		- 41
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
104	taxable entity during the year?	16a		X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
U	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		
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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply	77		-
	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	l 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 Joneshoro AR 72402			

Form 990 (2018)	
FORM YYUUZUUKI	

Craighead County Farm Bureau

71-0257512

Page 7

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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 hours per week	box	not c , unle cer ar	ss pe	ntion more rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Tony Bradley	0.50									
President	0.50	X		Х				0.	0.	0.
(2) Mike Mahan	0.50									
1st Vice President	0.50	X	_	X		├	<u> </u>	0.	0.	0.
(3) Jeffrey Tubbs	0.50									•
2nd Vice President		X	-	X		_		0.	0.	0.
(4) Drew Davis	0.50									_
Secretary/Treasurer	2 52	Х		X				0.	0.	0.
(5) Mark Bowers	0.50								ا ۾ ا	
Member	0.50	X	ļ			ļ		0.	0.	0.
(6) Jerome Boyd	0.50									•
Member	0.50	X	-					0.	0.	0.
(7) Kieth Boyd	0.50							_		•
Member	0.50	X	\vdash					0.	0.	0.
(8) Tim Burcham	0.50	,,								0
Member	0.50	X						0.	0.	0.
(9) Jason Bradley	0.50	.,						_	0	0
Member	0.50	X				_	_	0.	0.	0.
(10) Joe Christian	0.50								•	•
Member	0.50	X						0.	0.	0.
(11) Richard Coy	0.50									•
Member	0.50	X				_		0.	0.	0.
(12) Michael Cureton	0.50	,,								0
Member	0.50	X						0.	0.	0.
(13) Josh Cureton	0.50	,,								0
Member	0 50	X	<u> </u>			<u> </u>		0.	0.	0.
(14) Chris Damron	0.50	.,							0	0
Member	0 50	X						0.	0.	0.
(15) Bob Griffin	0.50	٦,						_	_ [0
Member	0 50	X						0.	0.	0.
(16) Cary Matthews	0.50	v								0
Member	0 50	X	-		_	<u> </u>	-	0.	0.	0.
(17) David Hodges	0.50	x						0.	0.	0.
Member	L	Λ	L			L			U •]	Form 990 (2018)

Member	Section A. Officers, Directors, Tru	stees, Key Em	ploy	yees	, an	<u>d Hi</u>	ghe	st C	Compensated Employe	es (continued)	—			
Name and business address None	. (A)	(B)							(D)	(E)			(F)	
Compensation Comp	Name and title	1	(dc	a not c				one	Reportable	Reportable		Es	stimate	ed
Section Sec	•		box	c, unle	ss pe	erson	is bot	h an	compensation	•	·			of
North for in the congenitation North Hospital displayed North Hospita	•		\vdash	Cer a	10 a 0	T	Trus	lee)						
(18) Lennie Rogan Member		, ,	ec ec						l I	•			•	
(18) Lennie Rogan Member			ē	as	ļ	ļ	ated	ļ	1 -	(W-2/1099-MIS	ا (د			
(18) Lennie Rogan Member		1	nstee	Test		بو	ĕ		(W-2/1099-MISC)			-		
(18) Lennie Rogan Member		1 -	nal tr	lonal		ploye	2 5	_				ar com forgan organ		
(18) Lennie Rogan Member			lidind	Institut	Officer	(ey em	Habes	Forme				orga	ıı iizati	0113
(19) David Gairhen	(18) Lennie Hogan	0.50	-	╁		_		Ī					-	
Membber	Member		X				<u>L</u>	L	0.		0.			0.
(29) Don Hosman Member	(19) David Gairhan	0.50												
Member	Member		X				<u> </u>		0.	· 	<u>0.</u>			0.
(21) Bill Humphrey		0.50	∤											_
Member		0.50	X				<u> </u>		0.		<u>0 .</u>			_ 0 .
(22) Nevin Hoke Member		0.50	-								_			^
Member		0.50	X	\vdash			-				• •			<u> </u>
(23) James Peachey Member		0.50	v								ا م			0
Member		0.50	^								٠.			<u> </u>
Member		0.30	x						0.4		0.			0.
Member		0.50								 _				
Member	Member		\mathbf{x}				ĺ		0.		0.			0.
Member	(25) Max Render	0.50								·				
Member	Member		X						0.		0.			0.
1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of indeviduals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No	(26) Bill Shannon	0.50												_
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 Vest No			X	<u> </u>			L	Ļ_						
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization compensation from the organization or individual stady of the sum of reportable compensation and related organization sized on line 1a; 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 for such 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) Name and business address NONE Description of services 2 Total number of independent contractors (including but not limited to those listed above) who received more than														
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 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) None Description of services Total number of independent contractors (including but not limited to those listed above) who received more than		II, Section A												
Compensation from the organization Society 3 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) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than				1	اء د.	<u> </u>	- \							<u> </u>
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) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	` •	not imited to tr	iose	IISTE	o at	OOVE	e) Wr	10 11	eceived more than \$100	,000 or reportable				Λ
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 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) Name and business address NONE Description of services Compensation	Compensation from the organization		_			-			<u> </u>				Yes	
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 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) Name and business address NONE Description of services Compensation	3 Did the organization list any former officer	r, director, or tri	uste	e, ke	y en	nplo	yee	or	highest compensated er	nployee on	ſ			
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) Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than				•	•	•	•			, -		_ 3		X
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) Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than	4 For any individual listed on line 1a, is the s	um of reportab	le co	omp	ensa	ation	and	d otl	her compensation from t	he organization			_	
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 Total number of independent contractors (including but not limited to those listed above) who received more than	and related organizations greater than \$15	50,000? If "Yes,	" co	mpl	ete S	Sche	edule	e <i>J 1</i>	for such individual		ļ	4		_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 NONE Description of services Total number of independent contractors (including but not limited to those listed above) who received more than								elat	ed organization or indivi	dual for services				
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) (C) (C) (C) (C) (C) (C) (C) (C) (C		nplete Schedui	e <i>J 1</i>	or s	uch j	pers	on		<u></u>			_ 5		<u> </u>
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 Total number of independent contractors (including but not limited to those listed above) who received more than			 .						that recovered many than 1	£100,000 of some				
Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than											·e1156	ICON I	TOTTI	
Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than		the outerious y	Cui	<u> </u>	<u>.9 v</u>		<u> </u>	Ï				(C		
		s address	N	INC	3					ervices	C			n
		_												
							_	\dashv	·					
								+						
								-				•		
												_		
								\dashv					•_	
													<u> </u>	
			ot li	mite	d to		_	sted	l above) who received m	ore than		/	۲,	

Craighead County Farm Bureau

Form 990 Craighea	a County	<u> </u>	<u>'aı</u>	<u>-m</u>	BI	ıre	ea≀	u .	/1-025	1314
Part VII Section A. Officers, Directors, Tr	ustees, Key Ei	mple	yee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
. (A) Name and title	(B) Average			(C Posi	C) Ition			(D) Reportable	(E) Reportable	(F) Estimated amount of
•	hours per week (list any hours for related organizations below line)	stee or director	Institutional frustee	all 1	Key employee	Highest compensated employee	Former Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) John Sloan Member	0.50	x						0.	0.	0
(28) Kevin Higgins Member	0.50	х						0.	0.	0
29) Jim Tubbs	0.50	x						0.	0.	0
Member 30) Scott Gairhan	0.50	X	-					0.	0.	0
Member 31) Dan Hosman	0.50									
Member (32) Jerry Whitten	0.50	X						0.	0.	0
Member 33) Scott Gibson	0.50	X						0.	0.	0
Member 34) Jonathan Bobbitt	0.50	X						0.	0.	0
Member (35) Schuyler Broadaway	0.50	X						0.	0.	0
Member		Х						0.	0.	0
										<u>-</u>
								_	_	
				_						
		-								
Total to Part VII, Section A, line 1c	<u> </u>		<u> </u>	L	<u></u>	L	I			

Business Code

524298

542298

249,018.

<u>253,817.</u>

4,799.

Form 990 (2018)

249,018.

73,081.

c Net income or (loss) from sales of inventory Miscellaneous Revenue

11 a Insurance Service Fees

ь Miscellaneous

Total revenue See instructions

d All other revenue e Total. Add lines 11a-11d Form 990 (2018) Craighead County Farm Bureau
Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other or	rganizations must complete column (A)
--	---------------------------------------

Check if Schedule O contains a response or note to any line in this Part IX							
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
1	Grants and other assistance to domestic organizations						
	and domestic governments. See Part IV, line 21	701.			j		
2	Grants and other assistance to domestic						
	individuals See Part IV, line 22						
3	Grants and other assistance to foreign				!		
	organizations, foreign governments, and foreign						
	individuals See Part IV, lines 15 and 16	_					
4	Benefits paid to or for members			<u> </u>			
5	Compensation of current officers, directors,						
	trustees, and key employees			_	-		
6	Compensation not included above, to disqualified						
	persons (as defined under section 4958(f)(1)) and						
	persons described in section 4958(c)(3)(B)	4.7.5 0.5					
7	Other salaries and wages	175,985.					
8	Pension plan accruals and contributions (include						
	section 401(k) and 403(b) employer contributions)	2 227					
9	Other employee benefits	3,337.					
10	Payroll taxes	13,956.					
11	Fees for services (non-employees)						
a	Management						
b	Legal	600.					
C	Accounting						
d	Lobbying Professional fundraising services. See Part IV, line 17						
e f	Investment management fees						
g	Other (If line 11g amount exceeds 10% of line 25,			-	-		
9	column (A) amount, list line 11g expenses on Sch O.)						
12	Advertising and promotion	3,999.					
13	Office expenses	25,035.					
14	Information technology	•					
15	Royalties						
16	Occupancy	39,735.					
17	Travel						
18	Payments of travel or entertainment expenses						
	for any federal, state, or local public officials						
19	Conferences, conventions, and meetings	19,245.					
20	Interest		· · · · · · · · · · · · · · · · · · ·				
21	Payments to affiliates						
22	Depreciation, depletion, and amortization	8,855.					
23	Insurance				<u></u>		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				ı		
а	Micellaneous	24.					
b							
С							
d							
е	All other expenses	001 170					
25	Total functional expenses. Add lines 1 through 24e	291,472.					
26	Joint costs Complete this line only if the organization						
	reported in column (B) joint costs from a combined						
	educational campaign and fundraising solicitation.				,		
	Check here if following SOP 98-2 (ASC 958-720)			<u> </u>	- 000		

Pa	rt 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	268.		267.
	2	Savings and temporary cash investments	241,696.	2	274,500.
	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	
ď	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 546, 0	186.		
	ь	Less accumulated depreciation 10b 467,4	61,244.	10c	78,617.
	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)	303,208.		353,384.
	17	Accounts payable and accrued expenses	3,706.	17	3,266.
	18	Grants payable		18	
	19	Deferred revenue	<u>25,696</u> .	19	31,080.
	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	i i		
Ė		key employees, highest compensated employees, and disqualified persor	ns		
Liabilities		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			
		parties, and other liabilities not included on lines 17-24). Complete Part X	of		
		Schedule D	20 400	25_	24 246
	26	Total liabilities. Add lines 17 through 25	29,402.	26	34,346.
		· 9	and		
es		complete lines 27 through 29, and lines 33 and 34.	'	l	- ,
anc	27	Unrestricted net assets	-	27_	
Bal	28	Temporarily restricted net assets		28	
Net Assets or Fund Balances	29	Permanently restricted net assets		29	
Ŀ		Organizations that do not follow SFAS 117 (ASC 958), check here			
ō		and complete lines 30 through 34.			,
sets	30	Capital stock or trust principal, or current funds	0.	1	0.
Ass	31	Paid in or capital surplus, or land, building, or equipment fund	0.	31	0.
é	32	Retained earnings, endowment, accumulated income, or other funds	273,806.		319,038.
~	33	Total net assets or fund balances	273,806.	1	319,038.
	34	Total liabilities and net assets/fund balances	303,208.	34	353,384.

<u> Form</u>	1990 (2018) Craignead County Farm Bureau	/1-02	<u> </u>	Page IZ
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>5,704.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		L,472.
3	Revenue less expenses Subtract line 2 from line 1	3	45	5,232.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u>273</u>	3,806.
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	319	<u>,038.</u>
Pa	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	_	·	
				Yes No
1 ,	Accounting method used to prepare the Form 990		1 1	- 1 :
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		
	separate basis, consolidated basis, or both			'i
	Separate basis Consolidated basis Both consolidated and separate basis		-	
b	Were the organization's financial statements audited by an independent accountant?		2b	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		
	consolidated basis, or both		1	
	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 audit,		
	review, or compilation of its financial statements and selection of an independent accountant?	- d. J. O	2c	
0-	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		-	
зa	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	igie Audit		x
.	Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required.	rod audit	_ 3a	<u> </u>
D	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	neu auun	3b	
	or audits, explain why in schedule o and describe any steps taken to undergo such addits	-		990 (2018)
			i Onli s	12010)

SCHEDULE C

(Form 990 or 990-EZ)

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018
Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

· - x) (500 5	eparate moa actions), then				
Section	501(c)(4), (5), or (6) organiza	tions Complete Part III			
Name of org	ganization			Empl	oyer identification number
	Craighe	ad County Farm B	ureau		71-0257512_
Part I-A	Complete if the or	ganization is exempt und	er section 501(c	or is a section 527 o	rganization.
1 Provid	e a description of the organi	zation's direct and indirect politic	al campaign activities	s in Part IV	
2 Politica	al campaign activity expendi	tures		▶ \$	
3 Volunt	eer hours for political campa	ign activities			
Part I-B	<u> </u>	ganization is exempt und			<u> </u>
		incurred by the organization und		> \$	
		incurred by organization manage		i5 ► \$	
	•	on 4955 tax, did it file Form 4720	for this year?		Yes No
_	correction made?				☐ Yes ☐ No
	," describe in Part IV) avecant eastion E04/	-1/01
Part I-C		ganization is exempt und		·	
	•	d by the filing organization for sec			
2 Enter t	he amount of the filing orgar	nization's funds contributed to otl	ner organizations for	section 527	
exemp	t function activities			▶\$	
3 Total e	xempt function expenditure	s Add lines 1 and 2 Enter here a	nd on Form 1120-PO		
line 17	b			▶ \$	
4 Did the	e filing organization file Form	1120-POL for this year?			🔲 Yes 🔲 No
		mployer identification number (Ell	· ·	_	
	•	ation listed, enter the amount paid	. .		•
	·	omptly and directly delivered to a	•	=	te segregated fund or a
— politica	a action committee (PAC) if	additional space is needed, prov			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
_					
					
		 			<u> </u>
			-		
	<u></u>				

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

Schedule C (Form 990 or 990-EZ) 2018

Schedule C (Form 990 or 990 EZ) 2018 Crai	ghead (County Farm	Bureau	71-	0257512 Page 2
Part II-A Complete if the organiza	tion is exe	mpt under section	on 501(c)(3) and fil	ed Form 5768 (e	election under
section 501(h)).					
A Check ► ☐ If the filing organization below	ongs to an aff	iliated group (and list i	n Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and share of exc	, ,				
B Check ► if the filing organization che	cked box A a	ind "limited control" pr	ovisions apply		
Limits on Lo (The term "expenditures"	bbying Expe)	(a) Filing organization's totals	(b) Affiliated group totals
		_ 			-
1a Total lobbying expenditures to influence p				<u> </u>	-
b Total lobbying expenditures to influence a	_	ay (airect lobbying)			
c Total lobbying expenditures (add lines 1a	and 1b)				
d Other exempt purpose expenditures		N.			
e Total exempt purpose expenditures (add li		·		 	
f Lobbying nontaxable amount Enter the ar					
If the amount on line 1e, column (a) or (b) is:		bying nontaxable am		•	
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,000,000		00 plus 15% of the exc		•	•
Over \$1,000,000 but not over \$1,500,000		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,000,000	\$225,0	00 plus 5% of the exce	ess over \$1,500,000		
Over \$17,000,000	\$1,000	000	,		}
g Grassroots nontaxable amount (enter 25%	-				
h Subtract line 1g from line 1a. If zero or less	s, enter -0-				
i Subtract line 1f from line 1c If zero or less			l		
j If there is an amount other than zero on eit	her line 1h or	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this year?			_		Yes No
(Some organizations that mades	le a section 5	eraging Period Under 501(h) election do not ate instructions for li	have to complete all	of the five columns I	below.
		nditures During 4-Ye			<u> </u>
	Doynig Expe	Haitares Baring V 10	a. Attorug.ing (circu		T
Calendar year (or fiscal year beginning in)	a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount	•				
(150% of line 2a, column(e))					
c Total lobbying expenditures			<u></u>		
d Grassroots nontaxable amount					
e Grassroots ceiling amount			· ·-		
(150% of line 2d, column (e))			. [
(10000000000000000000000000000000000000	<u> </u>		· · · · · · ·		
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2018

Schedule C (Form 990 or 990 EZ) 2018 Craighead County Farm Bureau 71-025751 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)).

of the I	For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the lobbying activity Yes			N	lo	Amo	ount
1 [During the year, did the filing organization attempt to influence foreign, national, state, or	_				-
le	local legislation, including any attempt to influence public opinion on a legislative matter					
c	or referendum, through the use of					
a ∖	Volunteers?		_			
b F	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c N	Media advertisements?					
d N	Mailings to members, legislators, or the public?					
e F	Publications, or published or broadcast statements?					
f (Grants to other organizations for lobbying purposes?					
g [Direct contact with legislators, their staffs, government officials, or a legislative body?					
h F	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i (Other activities?		-			
jΊ	Total Add lines 1c through 1i		<u> </u>	<u> </u>		
	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			-		_
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					-
_	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	tion 501/o	\/ 5 \	25.00	otion	
aπ	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	tion sur(c))(၁), (or se	Cuon	
					Yes	No
1 \	Were substantially all (90% or more) dues received nondeductible by members?			1		N
	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?			1 2	Х	No
2 [3 [Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere	tion 501(c))(5), c	2 3 or se	X X ction	
2 [3 [Part	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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), section 501(c)(4).	tion 501(c))(5), c	2 3 or se	X X ction	Х
2 [3 [Part	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes."	tion 501(c) d "No," O)(5), c	2 3 or se Part	X X ction)
2 [3 [Part	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members	tion 501(c) d "No," O)(5), c	2 3 or se Part	X X ction)
2 [3 [Part	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	tion 501(c) d "No," O)(5), c	2 3 or se Part	X X ction)
2 [3 [2]	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	tion 501(c) d "No," O)(5), c	2 3 or se Part	X X ction	Х
2 [3 [Part 1 [2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year	tion 501(c) d "No," O)(5), c	2 3 or se Part	X X ction	Х
2 [3 [2] 4 [6]	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of policexpenses for which the section 527(f) tax was paid). Current year Carryover from last year	tion 501(c) d "No," O)(5), c	2 3 or se Part 1	X X ction	Х
2 [3 [7 art	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political 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) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the expenses for the section 162(e) and the section of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3.	tion 501(c) d "No," O tical)(5), c	2 3 or se Part 1 2a 2b 2c	X X ction	Х
2 [3 [7 art	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political 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) dues	tion 501(c) d "No," O tical)(5), c	2 3 or se Part 1 2a 2b 2c	X X ction)
2 [3 [7 art 1 [2 5 6 6 6 6 6 6 6 6 6	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political 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) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the expenses for the section 162(e) and the section of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3.	tion 501(c) d "No," O tical)(5), c	2 3 or se Part 1 2a 2b 2c	X X ction	Х

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Craighead County Farm Bureau

Employer identification number

71-0257512 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year 2a a Total number of conservation easements b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 2d listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 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 2 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

		nead County						5/51		age 2
Pai	rt III Organizations Maintainin	g Collections of A	rt, Historica	al Treasures, o	or Othe	er Simila	<u>ır Asse</u>	ts(contin	nued)	
3	Using the organization's acquisition, acc	ession, and other recor	ds, check any c	of the following tha	at are a s	ignificant u	use of its	collectio	n item	IS
	(check all that apply)									
а	Public exhibition		di 🔲 Loan d	r exchange progra	ams					
b	Scholarly research		e Dother							
С	Preservation for future generations	;								
4	Provide a description of the organization	's collections and expla	in how they fur	ther the organizati	on's exe	mpt purpo	se in Par	t XIII		
5	During the year, did the organization solid	cit or receive donations	of art, historica	I treasures, or oth	er sımılaı	r assets				
	to be sold to raise funds rather than to be	e maintained as part of	the organizatio	n's collection?				Yes		<u>No</u>
Par	rt IV Escrow and Custodial Arr	rangements. Compl	lete if the organ	zation answered	"Yes" on	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990,	Part X, line 21								
1a	Is the organization an agent, trustee, cus	todian or other interme	diary for contrib	outions or other as	sets not	included			_	
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part	XIII and complete the fo	ollowing table							
		·	•					Amount		
С	Beginning balance					1c				
d						1d				
е						1e				
f						1f				
2a	Did the organization include an amount o	on Form 990, Part X, line	e 21, for escrow	or custodial acco	unt liabil	lity?		Yes		No
	If "Yes," explain the arrangement in Part					-]
	rt V Endowment Funds. Comple									
		(a) Current year	(b) Prior ye			(d) Three ye	ears back	(e) Four	years	back
1a	Beginning of year balance									
b	·									
С	Net investment earnings, gains, and loss	es								
d									_	
e	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g										
2	Provide the estimated percentage of the	current year end balance	ce (line 1g, colu	mn (a)) held as						
а		=	%	. "						
b	Permanent endowment									
С	Temporarily restricted endowment									
	The percentages on lines 2a, 2b, and 2c	should equal 100%								
За	Are there endowment funds not in the po	ssession of the organiz	ation that are h	eld and administe	red for ti	he organiza	ation			
	by	_				-			Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(iı)		
b	If "Yes" on line 3a(ii), are the related organ	nizations listed as requi	red on Schedu	le R?				3b		
4	Describe in Part XIII the intended uses of									
Par	rt VI Land, Buildings, and Equi									
	Complete if the organization answ	ered "Yes" on Form 99	0, Part IV, line 1	1a See Form 990	, Part X,	line 10				
	Description of property	(a) Cost or o	1	Cost or other		ccumulated	3 T	(d) Book	c value	 e
		basis (investi	, , , ,	asis (other)		oreciation				
1a	Land	· -		8,200.			- -		8,2	00.
	Buildings		-	294,698.		247,97	3.		5,7	
	Leasehold improvements					,_,				
	Equipment			231,214.		214,02	2.	1'	7,1	92.
	Other			11,974.		5,47				00.
	I. Add lines 1a through 1e (Column (d) mus	st equal Form 990 Part	X. column (R)			<u> </u>			3,6	

Schedule D (Form 990) 2018

a) Description of security or category (including name of security)	(b) Book value	11b See Form 990, Part X, line 12 (c) Method of valuation Cost	
Financial derivatives	(-/		<u> </u>
Closely-held equity interests			_
Other			- -
(A)			-
(B)			
(C)	_		
(D)	-	-	
(E)	-		
(F)			
(G)	. <u>.</u>		
(H)	· <u></u>		
ial (Col. (b) must equal Form 990, Part X, col. (B) line 12)			·
art VIII Investments - Program Related.			···-
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part Y line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation Cost	or end-of-vear market valu
	(6) 20011 14.00	(0,	- Journal of Journal of Control
(1)			
(2)			· · -
(3)			
(4)			· · · · · · · · · · · · · · · · · · ·
(5)			
(6)	· <u>-</u>		
(7)			<u></u>
(8)			
(9) al (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d See Form 990, Part X, line 15	
(a) [Description		(b) Book value
(a) [Description		(b) Book value
(1)	Description		(b) Book value
	Description		
(1)	Description		
(1) (2) (3) (4)	Description		
(1) (2) (3) (4) (5)	Description		
(1) (2) (3) (4) (5)	Description		
(1) (2) (3) (4) (5) (6)	Description		
(1) (2) (3) (4) (5) (6)	Description		
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities.	: 15)		
(1) (2) (3) (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" (. 15) on Form 990, Part IV, line	11e or 11f See Form 990, Part X,	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (al. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities.	. 15) on Form 990, Part IV, line		
(1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	. 15) on Form 990, Part IV, line	11e or 11f See Form 990, Part X,	
(1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)	. 15) on Form 990, Part IV, line	11e or 11f See Form 990, Part X,	
(1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)	. 15) on Form 990, Part IV, line	11e or 11f See Form 990, Part X,	
(1) (2) (3) (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" (a) Description of liability (1) Federal income taxes (2) (3)	. 15) on Form 990, Part IV, line	11e or 11f See Form 990, Part X,	
(1) (2) (3) (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" (a) Description of liability (1) Federal income taxes (2) (3) (4)	. 15) on Form 990, Part IV, line	11e or 11f See Form 990, Part X,	
(1) (2) (3) (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" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	. 15) on Form 990, Part IV, line	11e or 11f See Form 990, Part X,	
(1) (2) (3) (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" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	. 15) on Form 990, Part IV, line	11e or 11f See Form 990, Part X,	
(1) (2) (3) (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" (a) Description of liability	. 15) on Form 990, Part IV, line	11e or 11f See Form 990, Part X,	
(1) (2) (3) (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" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	. 15) on Form 990, Part IV, line	11e or 11f See Form 990, Part X,	

Par	dule D (Form 990) 2018 Craighead County Farm B			
I GI	t XI Reconciliation of Revenue per Audited Financial Sta		e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, Iir	ne 12a	 i	
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	1 1		
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)		 	
_	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	1.4-1		
_	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	40	
_	Add lines 4a and 4b Table revenue: Add lines 2 and 4a. This must equal Form 990. Part I. line 12	١	4c	
5 Par	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12. † XII Reconciliation of Expenses per Audited Financial St	atements With Expens		
	Complete if the organization answered "Yes" on Form 990, Part IV, Iir		oo per metam.	
1	Total expenses and losses per audited financial statements		1	_
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		- · ·	_
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
	Add lines 2a through 2d	<u> </u>	2e	
3	Subtract line 2e from line 1		3	•
4	Amounts included on Form 990, Part IX, line 25, 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		
_				
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8)	4c 5	
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b, Pa	5	(I,
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information.	4, Part IV, lines 1b and 2b, Pa	5	(1,
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b, Pa	5	(1,
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b, Pa	rt V, line 4, Part X, line 2, Part X	
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b, Pa	rt V, line 4, Part X, line 2, Part X	
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b, Pa	rt V, line 4, Part X, line 2, Part X	
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b, Pa	rt V, line 4, Part X, line 2, Part X	(1,

SCHEDULE 0

Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 Open to Public 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
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 reviewed the President, Secretary, and Treasurer.
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.

Name of the organization	Employer identification number
Craighead County Farm Bureau	71-0257512
Form 990, Part VI, Section B, Line 15:	
The Organization does not have compensated officers or ma	anagement
officials.	
Form 990, Part VI, Section C, Line 19:	
These documents are not available to the public.	
	
	 .
	 -
· · · · · · · · · · · · · · · · · · ·	