SCANNED 0CT 0 3 2019

Department of the Treasury

Extended to September 16, 2019

Return of Organization Exempt From Income Tax

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

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

Open to Public

		Go to www.irs.gov/Form990 for instructions		_					
<u> </u>	or the	2017 calendar year, or tax year beginning NOV 1, 2017 a	nd end	ing ()	CT 31, 2018				
B c	heck if pplicable				D Employer identification number				
	Addres Change	Fáulkner County Farm Bureau							
	Name change				71-0	265247			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Roo	m/suite	E Telephone number	•			
	Final return/	P.O. Box 936	,						
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	•		G Gross receipts \$	468,045.			
Г	Amend				H(a) Is this a group re				
_	⊒return ∏Applica				for subordinates				
	_Itiòn pendin	same as C above	_		H(b) Are all subordinates in	——————————————————————————————————————			
			/1) or) 627	1 ' '	list (see instructions)			
			(1) 01 6	HIPSE!	H(c) Group exemption	_			
		e: www.arfb.com/faulkner organization: X Corporation Trust Association Other	1 1	1 Voor		State of legal domicile: AR			
	art I		-	L TEAL	or iorniation. 1300 W	State of legal dofficie. AIC			
F		Summary		7 +	al Dromotio				
Activities & Governance	1 1	Briefly describe the organization's mission or most significant activities Agr	ricu	<u>rtur</u>	al Promotion				
r.	2	Check this box 🕨 🔲 if the organization discontinued its operations or dis	sposed	of more	than 25% of its net as	sets			
ove	3	Number of voting members of the governing body (Part VI, line 1a)			3	21			
Ğ		Number of independent voting members of the governing body (Part VI, line 1	b)		[4]	21			
ν, O		Total number of individuals employed in calendar year 2017 (Part V, line 2a)			5	9			
ij		Total number of volunteers (estimate if necessary)			6	28			
훒		Total unrelated business revenue from Part VIII, colum <u>n (C), line 12</u>			7a	264,688.			
ĕ		Net unrelated business taxable income from Form 990 T, line RECEIVE	D	1	7b	-35,688.			
_		Total and a second seco		اأد	Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)	n 18	ა∏—	0.	0.			
ž		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	ון פו	S	105,240.	103,639.			
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		≌∥─	873.	62,100.			
æ	10	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9d, 10c, and LEN.	269,721.	276,348.					
	11	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12	≕┛├──	375,834.	442,087.				
			<u>~) </u>		1,341.	1,113.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.					
		Benefits paid to or for members (Part IX, column (A), line 4)	236,273.	230,133.					
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1	10)		230,273.	230,133.			
ë		Professional fundraising fees (Part IX, column (A), line 11e)	0	1	<u> </u>	<u> </u>			
Expenses		Total fundraising expenses (Part IX, column (D), line 25)	0	•	124 (20	127 761			
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			134,628.	127,764.			
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		<u> </u>	372,242.	359,010.			
	19	Revenue less expenses Subtract line 18 from line 12			3,592.	83,077.			
Net Assets or Fund Balances				Be	ginning of Current Year	End of Year			
aset	20	Total assets (Part X, line 16)			808,189.	893,598.			
agg.	21	Total liabilities (Part X, line 26)			33,536.	35,868.			
컐	22	Net assets or fund balances Subtract line 21 from line 20			774,653.	<u>857,730.</u>			
Pa	art II	Signature Block							
		lties of perjury, I declare that I have examined this return, including accompanying sched				y knowledge and belief, it is			
true,	correc	t, and complete Declaration of preparer (other than officer) is based on all information of	f which	preparer	has any knowledge				
		· Chuo Scharfin			8-15-	19			
Sigi	n	Signature of officer			Date				
Her		Chris Schaffers President							
	_	Type or print name and title							
		Print/Type preparer's name Preparer's signature		1	Date Check	PTIN			
Paid		Maria K. Bean Wai L Kan	CPA		8 9 19 If self-employe	P00941762			
	arer	Firm's name Landmark PLC, CPAs			Firm's EIN	71-0355269			
	Only	Firm's address 201 E. Markham, Suite 500	_						
Little Rock, AR 72201 Phone no. 501 – 375 – 2025									
<u></u>	, the a !C				11 110110 110.50	X Yes No			
ivia	, uie it	RS discuss this return with the preparer shown above? (see instructions)	otions			Form 990 (2017)			

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	1990 (2017) Faulkner County Farm Bureau	71-0265247 Page 2
	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission	
	Agricultural Promotion	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes 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
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	
	revenue, if any, for each program service reported	•
4a		ue\$)
	County Farm Bureau work is general in nature, helping fa	
	achieve educational improvements, economic opportunity,	and social
	advancement.	
	advancement.	
		-
4b	(Code) (Expenses \$ including grants of \$) (Revenue	re \$)
		<u> </u>
4c	(Code) (Expenses \$	
		-
		
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$	
<u>4e</u>	Total program service expenses	
		Form 990 (2017)

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Form 990 (2017) Faulkner 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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		x
	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
4		4		
_	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		 -
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X	
e	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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			
Ū	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, 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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f_		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		x
	Schedule D, Parts XI and XII	_12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "You " and if the organization encuremed "No" to line 123, then completing Schedule D. Parts XI and XII is entired.	12b		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
D	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		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		<u>x</u>
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		X
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		X
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		<u>X</u>
		Form	990	(2017)

Form 990 (2017) Faulkner County Farm Bureau

Part IV Checklist of Required Schedules (continued)

	,		Yes	N.
	Dutable assessment of the second facilities of	20a	Yes	No X
	Did'the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20b		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	04		X
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21_		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		X
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	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		_
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		-
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		-
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			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	,		
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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			
	contributions? If "Yes," complete Schedule M	30		X_
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity]	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	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			
	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 197			1
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u></u>
		Form	990	(2017)

14a

14b

X

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

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

Pa	Irt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b be to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instru-		"No" n	espon	se
	' Check if Schedule O contains a response or note to any line in this Part VI	51,0110.			X
Sec	ction 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	21			
	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	21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any officer.	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 sup	ervision			
	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	d?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	ļ	5		X
6	Did the organization have members or stockholders?]	6	<u>X</u>	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one of	or			
	more members of the governing body?		7a	<u> </u>	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders	s, or		1	
	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	wing:			
а	<i>o o o o o o o o o o</i>		8a	<u> </u>	
b	,	}	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				v
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Cod	<u>e /</u>		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?]	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affi	liates	100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	ng the form?	11a		Х
	0.1.0.1.0.1.0.1	Ĭ			
12a			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	Control of the contro				
	ın Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13		Х
14	Did the organization have a written document retention and destruction policy?		14	<u> </u>	
15	Did the process for determining compensation of the following persons include a review and approval by independent	ndent			
	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			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				v
	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 particles and the organization of evaluate its particles.	pation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		16h		
Sec	exempt status with respect to such arrangements?		16b		
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 50	01(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	e <i>O</i>)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte	rest policy, and	financ	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 rec	ords 🕨			
	The Organization - 501-329-5681				
	P.O. Box 936, Conway, AR 72033				

Form 990 (2017)	Faulkner	County	Farm	Bureau	71-

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	(C) Position (do not check more than one						(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box	, unle cer an	ss pe	rson	ıs bol	h an	compensation from	compensation from related	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) Chris Schaefers	0.50				_		Ī			
President		Х	_	X				0.	0.	0.
(2) Michael Lee	0.50									
Vice President		X		X				0.	0.	0.
(3) Matt Simon	0.50	-						_		_
Secretary/Treasurer		X		X		L	ļ	0.	0.	0.
(4) Jim Baker	0.50	ļ						_		_
Member		X						- 0.	0.	0.
(5) Chris Acre	0.50									
Member		Х	_					0.	0.	0.
(6) Jerrell Coker	0.50	ļ								
Member	0.50	Х	_			_		0.	0.	0.
(7) Bill Dodgen	0.50	\ 								
Member	0.50	X				-	<u> </u>	0.	0.	0.
(8) Rocky Harrell	0.50									
Member	0.50	X				-	<u> </u>	0.	0.	0.
(9) David Heffington	0.50				1					_
Member	0.50	X				\vdash		0.	0.	0.
(10) Bob Schaefers	0.50	,,			ļ				0.	_
Member	0.50	X			<u> </u>	╁		0.	<u> </u>	0.
(11) Travis Burchfield	0.50	٠,			ŀ			0.	0.	_
Member	0.50	X			<u> </u>	-	-	0.	0.	0.
(12) Bill Humphrey	0.50	X						0.	0.	0.
Member	0.50	Λ				1	_	<u> </u>	0.	
(13) Joe Thrash Member	0.50	X						0.	0.	0.
(14) Bill Wallace	0.50	 -								
Member	0130	x						0.	0.	0.
(15) Mark Wilcox	0.50						1	 _		
Member	0.3.55	X				ļ	'	0.	0.	0.
(16) Preston Scroggin	0.50									
Member		X						0.	0.	0.
(17) David Kinley	0.50									
Member		X			L			0.	0.	0.
732007 11-28-17										Form 990 (2017)

Part VII Section A. Officers, Directors, Tre	<u>ustees, Key Em</u>	ploy	/ees	, an	d H	ighe	st C	Compensated Employe	es (continued)				
· (A)	(B)	(B) (C)						(D)	(E)			(F)	
Name and title	Average	(do not check more than one					one	Reportable Reportable				stimate	
	hours per	box	, unle	ss pe	erson	is bot or/trus	th an	compensation	compensation	n	ar	nount	
	week (list any	-	1		1	1	1	from the	from related organizations	.	000	other pensa	
	hours for	direct	l			-		organization	(W-2/1099-MIS			rom th	
	related	ee 01	stee			ınsate		(W-2/1099-MISC)	(-,		anızat	-
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee	-	, ,			-	d relat	
	below	woba	atato	5	Key employee	hesto	Former				org	anızatı	ons
	line)	ing	ıst	Officer	Key	E	퉏						
(18) Brian Williams	0.50												
Member		X			<u> </u>	ļ	<u> </u>	0.		0.			0.
(19) Robert Downey	0.50	ļ											•
Member		X					-	0.		0.			0.
(20) Steve Simon	0.50						[^
Member		X	ļ 	ļ				0.		0.		•••••	0.
(21) Hank Chaney	0.50						l						^
Member		X	ļ <u>.</u>	ļ				0.		0.			0.
		ł								1			
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***************************************	·		 		-								
		-								1			
			<u> </u>	Щ.	.L		_	0.		0.			0.
1b Sub-total	WI 0							0.		0.			0.
c Total from continuation sheets to Part	VII, Section A							0.	-	0.			0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but	not limited to th		linte	- d a	bov	ابد (م	DO 1		000 of reportable				<u> </u>
	. not iimited to tr	iose	IISLE	eu a	DOV	e) wi	10 11	eceived more man \$100	,000 or reportable	5			٠0
compensation from the organization												Yes	No
3 Did the organization list any former office	or director or tri	ieto	o ka	w or	mole	\\AA	or	highest compensated ei	mnlovee on	[
line 1a? If "Yes," complete Schedule J for			C, KC	.y C	пріс	усс	, 0,	riighest compensated ci	inployee on		3		x
4 For any individual listed on line 1a, is the			hmn	ensa	atı∩r	n and	d otl	her compensation from t	he organization	ŀ			
and related organizations greater than \$1	•										4		х
5 Did any person listed on line 1a receive o									dual for services	İ	•		
rendered to the organization? If "Yes," co					-						5		Х
Section B. Independent Contractors										•			
1 Complete this table for your five highest of	compensated in	depe	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of com	pens	ation	from	
the organization Report compensation for													
(A)								(B)			(0	C)	
Name and busines	ss address	N	INC	3				Description of s	ervices	С	ompe	nsatio	n
													_
								<u></u>					
												_	
		•											
	-												
2 Total number of independent contractors	· .	ot III	mıte	d to		_	sted	d above) who received m	ore than				
\$100,000 of compensation from the orga	nization 🕨					<u>0 </u>							

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (C) Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1b **b** Membership dues c Fundraising events 1c 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above Q Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f **Business Code** 103,639 103,639. 110000 2 a Membership Dues Program Service Revenue f All other program service revenue 103,639. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 1,956. 1,956. Income from investment of tax-exempt bond proceeds 3,328. 3,328. Royalties 5 (II) Personal (i) Real 13,950. 6 a Gross rents 0. b Less rental expenses 13,950. c Rental income or (loss) 13,950. 13,950. d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of 86,102. assets other than inventory b Less cost or other basis 25,958. and sales expenses 60,144. c Gain or (loss) 9,253. 50,891. 60,144. d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c) See Part IV, line 18 Other 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 Business Code Miscellaneous Revenue 11 a Insurance Service Fees 255,435. 255,435. 524298 3,635. 900099 3,635. ь Miscellaneous d All other revenue 259,070. e Total. Add lines 11a-11d 442,087. 103,639. 264,688. 73,760. Total revenue See instructions.

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			complete column (A)	
Do	not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				<u> </u>
	and domestic governments. See Part IV, line 21	1,113.			
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				
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)	_		1	
7	Other salaries and wages	203,090.			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	4,315.			
9	Other employee benefits	6,757.			
10	Payroll taxes	15,971.			
11	Fees for services (non-employees)				
а	Management -				
b	Legal				·-·······
С	Accounting	3,450.			
d	Lobbying				.,
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	20,985.		<u> </u>	
13	Office expenses	17,731.			
14	Information technology		****		
15	Royalties				
16	Occupancy	44,152.			
17	Travel		***		···
18	Payments of travel or entertainment expenses	-			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	20,352.			
20	Interest			_	
21	Payments to affiliates	4 4 4 4 4		-	
22	Depreciation, depletion, and amortization	16,146.		-	
23	Insurance	562.			
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 O.)	2 532		 - 	
	Miscellaneous	2,532.	***		
b	Youth & Safety	1,838.			
С	Taxes & Licenses	16.			
d					
е	All other expenses	250 242			
<u>25</u>	Total functional expenses Add lines 1 through 24e	359,010.			
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined	1			
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)	l		1	

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1,350. 1.350. Cash · non-interest-bearing 1 618,496. 490,982. Savings and temporary cash investments 2 2 Pledges and grants receivable, net 3 3 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 **Assets** Notes and loans receivable, net 7 7 Inventories for sale or use 8 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 625,374. basis Complete Part VI of Schedule D 10a 313,557 271,452. 353,922. b Less accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 Investments - other securities See Part IV, line 11 12 12 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 2,300. 2,300. Other assets See Part IV, line 11 15 15 893,598. Total assets. Add lines 1 through 15 (must equal line 34) 808,189. 16 16 1,023. 2,989. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 32,879. 32,513. 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 25 Schedule D 33,536. 26 35,868. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances Unrestricted net assets 27 27 28 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 0. 30 Capital stock or trust principal, or current funds 0. 31 31 Paid-in or capital surplus, or land, building, or equipment fund 774,653. 857,730. Retained earnings, endowment, accumulated income, or other funds 32 32 857,730. 774,653. 33 33 Total net assets or fund balances 808,189. 893,598. Total liabilities and net assets/fund balances 34

Form 990 (2017)

	990 (2017) Faulkner County Farm Bureau	<u> 71-026</u>	<u>5247</u>	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				<u> </u>
	1				_
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>87.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u> 10.</u>
3	Revenue less expenses Subtract line 2 from line 1	3			<u>77.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	774	<u>, 6</u>	<u>53.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			<u>0.</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	857	<u>',7</u>	<u>30.</u>
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				يـــــــــــــــــــــــــــــــــــــ
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other				
	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		<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			İ
	separate basis, consolidated basis, or both		-		
	Separate basis Consolidated basis Both consolidated and separate basis			.	l
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,	-		
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	-	- 1	
	review, or compilation of its financial statements and selection of an independent accountant?		2c		<u> </u>
	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			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	9 90 (2017)

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.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

• 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

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

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

	Section 501(c)(4), (5), or (6) organiza	tions Complete Part III						
Nan	ne of organization			Empl	Employer identification number			
	<u>Faulkne</u>	r County Farm B	ureau		71-0265247			
Pa	art I-A Complete if the org	janization is exempt un	der section 501(c)	or is a section 527 o	rganization.			
2	Provide a description of the organiz	ures	ical campaign activities					
3	Volunteer hours for political campai	gn activities						
Pa	art I-B Complete if the org	janization is exempt un	der section 501(c))(3).				
	Enter the amount of any excise tax			▶\$				
2	Enter the amount of any excise tax	incurred by organization mana-	gers under section 495	5 ▶\$				
3	If the organization incurred a section	n 4955 tax, did it file Form 472	0 for this year?		Yes No			
4a	Was a correction made?				Yes No			
<u>b</u>	If "Yes," describe in Part IV				1/01			
		janization is exempt un						
	Enter the amount directly expended				44,444			
2	Enter the amount of the filing organ	ization's funds contributed to o	other organizations for s	_				
	exempt function activities			▶\$				
3	Total exempt function expenditures	Add lines 1 and 2 Enter here	and on Form 1120-POL	-, > ^				
	line 17b			▶\$	Yes No			
	Did the filing organization file Form			-141				
5	Enter the names, addresses and er made payments. For each organiza							
	contributions received that were pr							
	political action committee (PAC) If	• •		-				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political			
				filing organization's funds. If none, enter -0-	contributions received and promptly and directly delivered to a separate political organization If none, enter -0-			
	10 to 10 to			-				

Schedule C (Form 990 or 990-EZ) 2017	<u>Faulkner Co</u>	unty Farm E	Bureau	71-0	0265247 Page 2		
Part II-A Complete if the org section 501(h)).	anization is exe	mpt under section	on 501(c)(3) and file	ed Form 5/68 (e	election under		
	on belongs to an aff	iliated group (and list i	n Part IV each affiliated	group member's nar	ne, address, EIN,		
expenses, and shar	e of excess lobbying	expenditures)					
B Check ▶ if the filing organizat	ion checked box A a	nd "limited control" pr	ovisions apply		1		
	s on Lobbying Expe	nditures unts paid or incurred	,	(a) Filing organization's totals	(b) Affiliated group totals		
			,				
1a Total lobbying expenditures to influ			-				
· · ·	b Total lobbying expenditures to influence a legislative body (direct lobbying)						
c Total lobbying expenditures (add lii			-		1		
d Other exempt purpose expenditure		a1\	-				
e Total exempt purpose expenditure	-	•	th columns	 .	<u>.</u>		
f Lobbying nontaxable amount Ente							
If the amount on line 1e, column (a) or		bbying nontaxable am the amount on line 1e			i		
Not over \$500,000 Over \$500,000 but not over \$1,000		00 plus 15% of the ex					
Over \$1,000,000 but not over \$1,500		00 plus 10% of the ex		•			
Over \$1,500,000 but not over \$17,5		00 plus 10% of the exce		•	,		
Over \$17,000,000 out not over \$17,000,000	\$1,000		255 OVEI #1,300,000	:]		
Over \$17,000,000	j \$1,000,				!		
g Grassroots nontaxable amount (en	ter 25% of line 1ft				1		
h Subtract line 1g from line 1a If zero	•			· · · · · · · · · · · · · · · · · · ·	<u> </u>		
Subtract line 1f from line 1c If zero	•						
If there is an amount other than zer		line 1. did the organiz	ation file Form 4720	· 			
reporting section 4911 tax for this		inc n, did the organiz	audit iiio i diiii ii 20		Yes No		
roporting decident for the transfer time		eraging Period Under	section 501(h)				
(Some organizations th	at made a section 5		have to complete all o	of the five columns	below.		
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period	-			
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total		
2a Lobbying nontaxable amount							
b Lobbying ceiling amount (150% of line 2a, column(e))							
c Total lobbying expenditures							
d Grassroots nontaxable amount							
e Grassroots ceiling amount			;				
(150% of line 2d, column (e))							
f Grassroots lobbying expenditures							
. s.acc.co.ccoojing enpenditatob				-	· · · · · · · · · · · · · · · · · · ·		

Schedule C (Form 990 or 990-EZ) 2017

Schedule C (Form 990 or 990 EZ) 2017 Faulkner County Farm Bureau 71-0265247 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)).

reach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description			(b)	
f the lobbying activity	Yes	No	Amo	ount
During the year, did the filing organization attempt to influence foreign, national, state or			· · ·	
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
Other activities?				
j Total Add lines 1c through 1:				-
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), sec	tion 501(c)(5), or se	ction	
501(c)(6).				
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		_1_	X	
2 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 from Part III-B Complete if the organization is exempt under section 501(c)(4), sec	the prior year	3		X
answered "Yes." , 1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pol	itical			
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
b Carryover from last year		2b_		
c Total		2c		
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the e	xcess			
	4 1.4 1			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	i political			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?) political	4		
expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions)) political	5_		
expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions)	i political			
expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information		5_	and 2 (see	
expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information rovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated gro		5_	ınd 2 (see	
expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information rovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated gro		5_	and 2 (see	,
expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information rovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated gro		5_	and 2 (see	
expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information rovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated gro		5_	and 2 (see	
expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information rovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated gro		5_	and 2 (see	
expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions)		5_	and 2 (see	
expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information rovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated gro		5_	and 2 (see	
expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information rovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated gro		5_	and 2 (see	
expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information rovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated gro		5_	and 2 (see	
expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated gro		5_	and 2 (see	
expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) art IV Supplemental Information ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated gro		5_	and 2 (see	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

Da	rt I Organizations Maintaining Donor Advised		71-0265247			
Pa			or Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, line		(b) Funds and other accounts			
	<u></u>	(a) Donor advised funds	(b) Fullus 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 wr	=				
_	are the organization's property, subject to the organization's ex	•	Yes No			
6	Did the organization inform all grantees, donors, and donor adv					
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	_			
Pa	impermissible private benefit? It Conservation Easements. Complete if the organ	arration answered "Ven" on Form 000. F	Yes No			
			art IV, line /			
1	Purpose(s) of conservation easements held by the organization					
	Preservation of land for public use (e.g., recreation or edi		orically important land area			
	Protection of natural habitat	Preservation of a certi	ified historic structure			
_	Preservation of open space	d	-f			
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form				
_	day of the tax year		Held at the End of the Tax Year			
a	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements	atura included in (a)	2b			
C 	Number of conservation easements on a certified historic structure of conservation easements regulated in (a) accounted at	, ,	2c			
ū	Number of conservation easements included in (c) acquired aft listed in the National Register	ter 7/25/06, and not on a historic structo	2d			
3	Number of conservation easements modified, transferred, release	acad avtinguished or terminated by the				
3	year	ased, extinguished, or terminated by the	organization during the tax			
4	Number of states where property subject to conservation ease	ment is located				
5	Does the organization have a written policy regarding the perio					
	violations, and enforcement of the conservation easements it h		Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting, ha					
	>		g ,			
7	Amount of expenses incurred in monitoring, inspecting, handlin	no of violations, and enforcing conservat	tion easements during the year			
·	▶ \$, , , , , , , , , ,			
8	Does each conservation easement reported on line 2(d) above	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 conservation	n 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					
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.			
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8				
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue statem	nent and balance sheet works of art,			
	historical treasures, or other similar assets held for public exhib	oition, education, or research in furtherai	nce of public service, provide, in Part XIII,			
	the text of the footnote to its financial statements that describe	es 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, edu	cation, or research in furtherance of put	olic 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 treas	ures, or other similar assets for financial	gain, provide			
	the following amounts required to be reported under SFAS 116	6 (ASC 958) relating to these items				
а	Revenue included on Form 990, Part VIII, line 1		> \$			
b	Assets included in Form 990, Part X					

Sche	dule D (Form 990) 2017		r County								Page 2
Pai	rt III Organization	s Maintaining C	ollections of	Art, His	storical <u>Tr</u>	easures, c	r Othe	r Simil	<u>ar Asse</u>	ts (continu	ied)
3	Using the organization's	acquisition, accessi	on, and other reco	ords, che	ck any of the	following that	t are a si	gnificant	use of its	collection	items
	(chèck all that apply)										
а	Public exhibition			d	Loan or exc	hange progra	ıms				
b	Scholarly research	า		e	Other						
С	Preservation for fu	-									
4	Provide a description of	the organization's co	ollections and exp	lain how	they further t	he organization	on's exer	npt purp	ose in Par	t XIII	
5	During the year, did the	organization solicit o	r receive donation	ns of art, I	historical trea	sures, or othe	er sımılar	assets		_	
	to be sold to raise funds									Yes	No_
Pai		Custodial Arran	-	plete if th	ne organizatio	n answered "	Yes" on	Form 990), Part IV,	line 9, or	
		unt on Form 990, Par									
1a	Is the organization an ag	gent, trustee, custodi	an or other interm	nediary fo	r contribution	s or other as	sets not	ıncluded	_	_	
	on Form 990, Part X?									⊻ Yes	∟ No
b	If "Yes," explain the arra	ingement in Part XIII	and complete the	following	table					-	
										Amount	
С	Beginning balance							1c			
d	Additions during the year	ar						<u>1d</u>			
е	Distributions during the	year						_1e			
f	Ending balance							1f		٦	
	Did the organization incl							ty?		Yes	⊢ No
	If "Yes," explain the arra										
Pa	t v Endowment	Funds. Complete r		1		1			book	(-) Four :	
			(a) Current year	<u>(b)</u>	Prior year	(c) Two year	S DACK	(d) Inree	ears back	(e) Four y	rears back
1a	Beginning of year balan	ce				ļ					
b	Contributions					-					
С	Net investment earnings	s, gains, and losses		-					_		
d	Grants or scholarships		-	-		-				<u>}</u>	
е	Other expenditures for f	acilities									
_	and programs			-			-				
f	Administrative expenses	S			-						
9	End of year balance	[4		l			l	
2	Provide the estimated p				rg, column (a	a)) neid as					
a	Board designated or qu	•		%							
р	Permanent endowment	· ——	%								
С	Temporarily restricted e		%)							
•	The percentages on lines 2a, 2b, and 2c should equal 100%										
3a	3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by Yes No										
	- */										
_	(-, -, -, -, -, -, -, -, -, -, -, -, -, -						+				
	4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment.										
		organization answere		990 Part	IV. line 11a S	See Form 990	. Part X.	line 10			
	Description of		(a) Cost o		1	or other	•	cumulate	ed	(d) Book	value
	Description of	property	basis (inve		1	(other)	V-	reciation		(4)	
12	1a Land 114,238. 114,238.										
	Buildings					9,399.		251,3	60.		,039.
	Leasehold improvement	ts	_					,			
ų	Equipment	- -			10	5,135.		97,2	92.	7	,843.
<u>ب</u>	Other		-			6,602.		5,2			,332.
	I. Add lines 1a through 1e	e (Column (d) must e	gual Form 990. P	art X. colu					•	271	

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017

r art vii	Investments - Other Securities. Complete if the organization answered "Yes"	on Form 990, Part IV, I	ine 11b See Form 990, Part X,	line 12
(a) Descrip	otion of security or category (including name of security)	(b) Book value		Cost or end-of-year market value
1) Financia	al derivatives			
2) Closely	-held equity interests			
3) Other	<u></u>			
(A)				
(8)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, I	ine 11c See Form 990, Part X,	line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation	Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 13.)	<u> </u>		
Part IX	Other Assets.			
	Complete if the organization answered "Yes"		ine 11d See Form 990, Part X,	
	(a)	Description		(b) Book value
(1)				
(2)	· <u>-</u>			
(3)				
(4)				
(5)				
(6)			· ·	
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col (B) lin	e 15)	·····	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, I		Part X, line 25
•	(a) Description of liability		(b) Book value	
	leral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)	<u> </u>			
(8)	<u> </u>			*
			i	
(9)	ımn (b) must equal Form 990, Part X, col (B) lın			

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

Sche	dule D (Form 990) 2017 Faulkner County Farm Bu	ureau	<u>71-0265247</u>	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial St	atements With Revenu	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ne 12a		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
đ	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	?)	5	
Par	t XII Reconciliation of Expenses per Audited Financial S	tatements With Expens	ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, II			
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		
	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
_	Amounts included on Form 990, Part IX, line 25, but not on line 1		<u> </u>	
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII)	4b		
	Add lines 4a and 4b		4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	18)	5	
_	t XIII Supplemental Information.			
lines :	2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide a	any additional information		
			,	
			•	

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Faulkner County Farm Bureau

Employer identification number 71-0265247

Form 990, Part VI, Section A, line 2:
Bob Schaefers and Chris Schaefers - business and family relationship
Bill Dodgen and Bob Schaeffers - 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.
FOIICY TESUIDET ATE SUDject to member approvar.
Form 990, Part VI, Section B, line 11b:
The 990 is reviewed by the board at the next monthly board meeting after
receiving the completed return. The Board President reviews and signs the
990.
Form 990, Part VI, Section B, Line 12c:
If anything looks like a conflict, it is reviewed by the Board President.
Form 990, Part VI, Section B, Line 15:
The organization does not have compensated officers or management
officials.

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization Faulkner County Farm Bureau	Employer identification number 71-0265247
Form 990, Part VI, Section C, Line 19:	
These documents are not available to the public.	
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