Department of the Treasury Internal Revestue 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. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A F	or the	2018 calendar year, or tax year beginning N	OV 1, 2018 and	ending	<u>OCT 31, 2019</u>						
Bc	heck if pplicable	C Name of organization			D Employer (dentifi	cation number					
	Address	Faulkner County Farm Bu	ıreau								
一	Name change	Doing business as			71-0	265247					
\vdash	Initial	Dom/outs F. Telephore symbol									
<u>, -</u>	Final return/	D O Por 936									
2	termin- ated	City or town, state or province, country, and a	ZIP or foreign postal code		G Gross receipts \$	393,541.					
راج	Amende		9 - F		H(a) is this a group re						
슉	Applica-		s Schaefers		for subordinates						
	pending	same as C above			H(b) Are all subordinates in						
(B) 1	ax-exer			or 5	If "No," attach a						
		www.arfb.com/faulkner	(1	H(c) Group exemption						
			ociation Other	L Ye		A State of legal domicile: AR					
		Summary		1		***************************************					
		driefly describe the organization's mission or most	significant activities Agri	cultu	ral Promotio	n					
Activities & Governance!		 ,									
<u>_</u> Ē	2 0	heck this box if the organization discon	tinued its operations or dispo	sed of mo	ore than 25% of its net as	ssets					
ζฐ		lumber of voting members of the governing body (EIVED 3	21					
Ğ	_	lumber of independent voting members of the gov	· • • • • • • • • • • • • • • • • • • •	1 457		21					
80	1	otal number of individuals employed in calendar y		Ben.	5	6					
ntie.	1	otal number of volunteers (estimate if necessary)	ear 2018 (Part V, line 2a)	SEP ?	2 2 2020 6	30					
ŧ	1	otal unrelated business revenue from Part VIII, col			7a	255,319.					
Ā	1	let unrelated business taxable income from Form 9		OGD	TN LIT 7b	-39,733.					
					Prior Year	Current Year					
a)	8 0	Contributions and grants (Part VIII, line 1h)			0.	0.					
Ž		Program service revenue (Part VIII, line 2g)		Γ	103,639.	106,725.					
Revenue		nvestment income (Part VIII, column (A), lines 3, 4,	and 7d)		62,100.	-3,661.					
æ	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			276,348.	281,681.					
	1	otal revenue · add lines 8 through 11 (must equal		Γ	442,087.	384,745.					
	†	Grants and similar amounts paid (Part IX, column (A			1,113.	2,563.					
	i	Benefits paid to or for members (Part IX, column (A			0.	0.					
s	1	Salaries, other compensation, employee benefits (F		Γ	230,133.	234,664.					
Expenses	16a F	Professional fundraising fees (Part IX, column (A), li		Γ	0.	0.					
bei	ьт	otal fundraising expenses (Part IX, column (D), line	_	0.	<u> </u>						
ũ	17 (Other expenses (Part IX, column (A), lines 11a-11d,			127,764.	115,359.					
		otal expenses Add lines 13-17 (must equal Part I)			359,010.	352,586.					
	19 F	Revenue less expenses Subtract line 18 from line			83,077.	32,159.					
oci					Beginning of Current Year	End of Year					
sets	20 T	otal assets (Part X, line 16)		Γ	893,598.	929,719.					
ASS	21 7	otal liabilities (Part X, line 26)			35,868.	39,830.					
Net Assets or Fund Balances	22 N	Net assets or fund balances Subtract line 21 from	line 20		857,730.	889,889.					
	art II	Signature Block									
Und	er penal	ties of perjury, I declare that I have examined this return,	including accompanying schedule	s and state	ements, and to the best of m	y knowledge and belief, it is					
true	, correct	, and complete. Declaration of preparer (other than office	r) is based on all information of wi	hich prepa	rer has any knowledge.	<u> </u>					
		x (his sphates		<u></u>							
Sign Signature of officer Date											
Here CHRIS SCHAEFERS PRESIDENT 9 10 20											
		Type or print name and title			· · · · · · · · · · · · · · · · · · ·						
Print/Type preparer's name Pregarer's signature Date Check PTIN											
Paid Maria K. Bean, CPA Mailbean, CPA 9/8 20 self-employed P0094176:											
Preparer Firm's name Landmark PLC, CPAs Firm's EIN 71-0											
Use Only Firm's address 201 E. Markham, Suite 500											
Little Rock, AR 72201 Phone no 501-375-2025											
Ма	y the IR	S discuss this return with the preparer shown abo				X Yes No					
	001 12-31			ons.		Form 990 (2018)					

	990 (2018) Faulkner County Farm Bureau	71-0265247	Page 2
Pai	t III Statement of Program Service Accomplishments	,	
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission		
	Agricultural Promotion		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	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	$\label{thm:constraints} Describe the organization's program service accomplishments for each of its three largest program services, as$	measured by expenses	;
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses,	and
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ including grants of \$) (Revenue)
	County Farm Bureau work is general in nature, helping fa		
	achieve educational improvements, economic opportunity,	and social	
	advancement.		
4b	(Code) (Expenses \$ including grants of \$) (Revenue	ie \$)
4c	(Code) (Expenses \$) (Revenue	ie\$)
		<u>. </u>	
		<u></u>	
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses		

Form **990** (2018)

Form 990 (2018) 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		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
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			
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		<u>X</u>
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		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u>X</u>
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		<u>X</u>
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 109 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 167 If "Yes," complete Schedule D, Part VII	11b		<u> X</u>
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		<u>X</u>
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			4,
	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			v
	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			v
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u> _
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	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	146		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	14b		
15	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	13		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			-41
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	1	Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2018) Faulkner County Farm Bureau

Part IV 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			ĺ
	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	,		ĺ
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			İ
	Schedule K If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	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			1
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
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			ł
	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			ł
	instructions for applicable filing thresholds, conditions, and exceptions)			
	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		<u>X</u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	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			v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
	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			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	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			v
05	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
D		256		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b_		
36	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30_		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
30	Note, All Form 990 filers are required to complete Schedule O	38	х	ł
Pa		<u>, </u>		
	Check if Schedule O contains a response or note to any line in this Part V			
		_	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			.,,
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b. 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		ĺ
·	(gambling) winnings to prize winners?	1c	х	ĺ
			200	

Form 990 (2018) Faulkner County Farm Bureau

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		1		Yes	No			
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	6						
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	}	2b	X				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	i	_	,,				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	ŀ	<u>3a</u>	X				
	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	·	4-		X			
_	financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	ŀ	4a					
D	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?	Ī	5b		X			
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	ľ	5c					
6a	Do the state of th	solicit						
	any contributions that were not tax deductible as charitable contributions?		6a		X			
b	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).	1						
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					
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 Out the support of the state							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	-	<u>7e</u> 7f					
f		ured?	7g					
y h	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8								
	sponsoring organization have excess business holdings at any time during the year?		8					
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	l	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b					
10	Section 501(c)(7) organizations. Enter]						
а	Initiation fees and capital contributions included on Part VIII, line 12							
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter				1			
a	Gross income from members or shareholders 11a							
D	Gross income from other sources (Do not net amounts due or paid to other sources against							
122	amounts due or received from them) 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	ŀ	:20					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	$\overline{}$,			
	Is the organization licensed to issue qualified health plans in more than one state?	Ī	13a					
	Note. See the instructions for additional information the organization must report on Schedule O	Ī			•			
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							
С	Enter the amount of reserves on hand							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	ļ	14a		<u> </u>			
þ	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	ļ	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				v			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	}	16		<u>X</u>			
	If "Yes," complete Form 4720, Schedule O							

Par	TVI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No" r	espon	se
	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		1	
			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.			
	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 other	_	v	
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		37
	of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>X</u>
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	7.5	X
6	Did the organization have members or stockholders?	6	Х	
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	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	_	.,	
	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		77
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
sec.	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		.	
	D. I. I	40-	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	40h		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u>x</u>
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	100	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	X	
b		120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	100	x	
12		12c 13		x
13	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?		х	
14	Did the process for determining compensation of the following persons include a review and approval by independent	14		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	15a		<u> </u>
a	Other officers or key employees of the organization	15b		X
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	135		
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
IUa	taxable entity during the year?	16a	i	х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
b	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	_100		
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		•	-
	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	
13	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			
20	The Organization - 501-329-5681			
	P.O. Box 936, Conway, AR 72033			

	(2018)	

71-0265247

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Form 990 (2018) Faulkner County Farm Bureau 71-0:
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

•	Check if Schedule O contains a response of	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)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos heck			one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	th an	· ·	compensation	amount of
	week	—	CE A		10010	7,4,03	100,	from	from related	other
	(list any hours for	direct				_		the organization	organizations (W-2/1099-MISC)	compensation from the
•	related	o aa	stee			nsate		(W-2/1099-MISC)	(** 27 1000 101100)	organization
	organizations	trust	al tru		yee	adwo				and related
	below	Individual trustee or director	institutional trustee	, je	Key employee	Highest compensated employee	<u></u>			organizations
	line)	亨	nst E	Officer	ē,	물통	Former			
(1) Chris Schaefers	0.50									
President		Х		Х				0.	0.	0.
(2) Michael Lee	0.50									
Vice President		X		X			_	0.	0.	0.
(3) Matt Simon	0.50									
Secretary/Treasurer	ļ	Х		Х			_	0.	0.	0.
(4) Jim Baker	0.50									
Member		Х				<u> </u>	<u> </u>	0.	0.	0.
(5) Chris Acre	0.50						ŀ			
Member		Х			<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(6) Jerrell Coker	0.50					1				
Member -		X		_		<u> </u>	<u> </u>	0.	0.	0.
(7) Bill Dodgen	0.50							_	_	_
Member		X	<u> </u>	_	_		<u> </u>	0.	0.	0.
(8) Rocky Harrell	0.50							_	_	_
Member		X	_				ļ	0.	0.	0.
(9) David Heffington	0.50							_	_	_
Member		X				<u> </u>	<u> </u>	0.	0.	0.
(10) Bob Schaefers	0.50							_	_	_
Member		X			<u> </u>		<u> </u>	0.	0.	0.
(11) Travis Burchfield	0.50						1	_	_	_
Member		X	<u> </u>		<u> </u>		┞	0.	0.	0.
(12) Bill Humphrey	0.50				Ì				_	_
Member		X	_		ļ	ļ	<u> </u>	0.	0.	0.
(13) Joe Thrash	0.50				ŀ			_	_	_
Member		X	<u> </u>					0.	0.	0.
(14) Bill Wallace	0.50								_	_
Member		X					ļ	0.	0.	0.
(15) Mark Wilcox	0.50				ĺ			_	_	_
Member		X	_				_	0.	0.	0.
(16) Preston Scroggin	0.50								_	_
Member		X	-		<u> </u>	<u> </u> -	 	0.	0.	0.
(17) David Kinley	0.50		1							_
Member		X	<u> </u>	L	L		<u> </u>	0.	0.	0.

Section A. Officers, Directors, Tr		ploy	/ees			ıghe	st C						
(A)	(B)				C)	_		(D)	(E)			(F)	
 Name and title 	Average	(do not check more than one						Reportable	Reportable			stimate	
	hours per	box	k, unle	ess p	erson	son is both an rector/trustee)		1 '.	compensation		ar	nount	of
	week (list any	-	т—	T	1	1	1	- 110m	from related			other	
	hours for	rect						the	organizations			pensa rom th	
ı	related	e or d	翼			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	"		anızat	_
	organizations	# E	1 5		g	흩		(** 27 1033 141100)			_	d relat	
	below	dual	tona	_	l ge	25 8						anızatı	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former						
(18) Brian Williams	0.50		1		-	1				\neg			
Member	3,00	X						0.		0.			0.
(19) Robert Downey	0.50		T						· · · · · · · · · · · · · · · · · · ·	-			
Member		X						0.		0.			0.
(20) Steve Simon	0.50								-				
Member		X						0.		0.			0.
(21) Hank Chaney	0.50												
Member		X						0.		0.			0.
(22) Melanie Malone	0.50												
Member		X		l				0.		0.			0.
		1					}						
							L						
1b Sub-total							▶	0.		0.			0.
c Total from continuation sheets to Part	VII, Section A						ightharpoons	0.		0.			0.
d Total (add lines 1b and 1c)							\triangleright	0.		0.			0.
2 Total number of individuals (including bu	t not limited to th	nose	liste	ed a	bov	e) wl	ho r	eceived more than \$100	,000 of reportable				
compensation from the organization													0
										_		Yes	No
3 Did the organization list any former office	er, director, or tri	uste	e, ke	у е	mplo	oyee	, or	highest compensated e	mployee on	- 1			ı
line 1a? If "Yes," complete Schedule J fo	r such individual									ļ	3		Х
4 For any individual listed on line 1a, is the	sum of reportab	le c	omp	ens	atioi	n and	d ot	her compensation from	the organization		ĺ		
and related organizations greater than \$	50,000? If "Yes,	," со	mpl	ete	Sch	edul	e J	for such individual		ļ	4		X
5 Did any person listed on line 1a receive of	r accrue compe	nsat	ion f	from	any	y unr	relat	ted organization or indivi	dual for services]			
rendered to the organization? If "Yes," co	mplete Schedu	le J 1	for s	uch	per	son					5	L	<u> X</u>
Section B. Independent Contractors													
1 Complete this table for your five highest	compensated in	depe	ende	ent c	cont	racto	ors t	that received more than	\$100,000 of comp	ensa	ation f	from	
the organization Report compensation for	or the calendar y	ear	endı	ng v	with	or w	<u>rithir</u>	n the organization's tax	ear				
(A)				_				(B)		_)	_
Name and busine	ss address	N	INC	<u> </u>			_	Description of s	ervices		ompe	nsatio	<u> </u>
									1				
								•					
							Ì						
							_						
	_						\dashv		•				
2 Total number of independent contractors	(including but r	ot li	mıte	d to	tho	se li	l	d above) who received m	ore than				
\$100,000 of compensation from the orga	nization 📐					0							

		Check if Schedule O cont	tains a response	or note to any lin	e in this Part VIII			
	•	Origon ii Goraddio G com		5, 1,5t5 t5 u.i.y	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b				!	
S, E	С	Fundraising events	1c					
ar la	d	Related organizations	1d					•
S, E	е	Government grants (contribut	tions) 1e					
r S	f	All other contributions, gifts, gran	its, and					
호		similar amounts not included abo	ve 1f					
da	g	Noncash contributions included in lines	1a-1f \$					
ರ್ಣಿ	h	Total. Add lines 1a-1f		•				
				Business Code				
8	2 a	Membership Dues	5	110000	106,725.	106,725.		
ه ڲٚ	b							
SE	С							
Program Service Revenue	d							
<u>6</u>	е							
٩	f	All other program service reve	enue					
	<u> 9</u>	Total. Add lines 2a-2f		>	106,725.			
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)		▶	5,135.			5,135.
	4	Income from investment of ta	x-exempt bond	proceeds 🕨				
	5	Royalties			1,728.			1,728.
		,	(i) Real	(II) Personal				•
	6 a	Gross rents	13,500					
		Less rental expenses	0.				•	
		Rental income or (loss)	13,500		40 -00		i	10.500
		Net rental income or (loss)		, •	13,500.			13,500.
	7 a	Gross amount from sales of	(ı) Securities	(II) Other				
		assets other than inventory		 				
	þ	Less cost or other basis		0.706				
		and sales expenses		8,796.				
		Gain or (loss)		_8,796.	0, 706		6 766	0 000
		Net gain or (loss)		•	-8,796.		-6,766.	-2,030.
e l	8 a	Gross income from fundraisin	•					
ea		including \$	of					
æ		contributions reported on line	-					
Other Revenu		Part IV, line 18	а					
ਰੋ∣		Less direct expenses	b bararana arranta	·				
		Net income or (loss) from fund Gross income from gaming ad	=				· -	
	9 a	Part IV, line 19		.				
	_	Less direct expenses	a b					
		Net income or (loss) from gan		'L	-			
		Gross sales of inventory, less						
	iv a	and allowances	a	.]				
	.	Less cost of goods sold	b					
		Net income or (loss) from sale						
ł	<u>U</u>	Miscellaneous Revenu		Business Code		•		
	11 ^	Insurance Servi		524298	262,085.		262,085.	
		Miscellaneous	1000	900099	4,368.			4,368.
ļ	C		_		= 1 3 0 0 1			<u> </u>
	ن ام	All other revenue					·	.
	u	Total. Add lines 11a-11d			266,453.			
	12	Total revenue See instructions			384.745.	106,725.	255.319.	22.701.

	·			
Section 50	1(c)(3) and 501(c)(4)	organizations must comp	lete all columns. Al	ll other organizations must complete column (Δ)

	. Check if Schedule O contains a respons	se or note to any line in t	this Part IX		
Do n	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	Bb, 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				
	and domestic governments. See Part IV, line 21	2,563.			
2	Grants and other assistance to domestic				i
_	individuals See Part IV, line 22			ĺ	ļ
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)				
7	Other salaries and wages	212,112.			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	4,237.	-		
9	Other employee benefits	1,741.			
10	Payroll taxes	16,574.			
11	Fees for services (non-employees)		,		-
а	Management				
b	Legal				
С	Accounting	3,824.			
d	Lobbying	_			
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees			i	
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0)				
12	Advertising and promotion	19,483.			
13	Office expenses	16,999.			
14	Information technology				
15	Royalties				
16	Occupancy	41,352.	,		
17	Travel				
18	Payments of travel or entertainment expenses	1			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	14,297.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	14,209.			
23	Insurance	1,440.	<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)	1			
	amount, list line 24e expenses on Schedule O.)	2 255			
	Miscellaneous	3,255.			
b	Youth & Safety	500.			
C			•		
d	<u> </u>				
	All other expenses	353 506			
<u>25</u>	Total functional expenses Add lines 1 through 24e	352,586.	· 		
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)			L	<u> </u>

Form 990 (2018)
Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to ar	ny line in this Part X		,	
		,			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,350.	1	1,350.		
	2	Savings and temporary cash investments	618,496.	2	667,521.		
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fo	ormer c	officers, directors,			
		trustees, key employees, and highest compens	ated er	nployees Complete			_
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	ified pe	rsons (as defined under	•		
		section 4958(f)(1)), persons described in section	n 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 50	1(c)(9) voluntary			'
S.		employees' beneficiary organizations (see instr)				6	
Assets	7	Notes and loans receivable, net		1		7	
Ä	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other		i	•		
		basis Complete Part VI of Schedule D	10a	623,473.			
	Ь	Less accumulated depreciation	10b	364,925.	271,452.	10c	258,548.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities See Part IV, line	11	Ī		12	
	13	Investments - program-related See Part IV, line		Ī		13	
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11		2,300.	15	2,300.	
	16	Total assets. Add lines 1 through 15 (must equ	al line 3	34)	893,598.	16	929,719.
	17	Accounts payable and accrued expenses			2,989.	17	629.
	18	Grants payable				18	
	19	Deferred revenue			32,879.	19	39,201.
	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	r officei	rs, directors, trustees,			
蓋		key employees, highest compensated employee	es, and	disqualified persons			•
Liabilities		Complete Part II of Schedule L		Ĺ		22	<u> </u>
	23	Secured mortgages and notes payable to unrela	ated th	ird parties	•	23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	<u> </u>
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	s 17-24) Complete Part X of			
		Schedule D				25	1
	26	Total liabilities. Add lines 17 through 25			35,868.	26	39,830.
		Organizations that follow SFAS 117 (ASC 958	3), ched	k here 🕨 📖 and			
es		complete lines 27 through 29, and lines 33 ar	nd 34.				•
JC.	27	Unrestricted net assets			<u></u>	27	
3al	28	Temporarily restricted net assets				28	_
Į.	29	Permanently restricted net assets		_		29	
Ē	1	Organizations that do not follow SFAS 117 (A	SC 95	B), check here ▶\X			
ò		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds		<u> </u>	0.	30	0.
Ass	31	Paid-in or capital surplus, or land, building, or ed			0.	31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come,	or other funds	857,730.	32	889,889.
Z	33	Total net assets or fund balances		<u>Į</u>	857,730.	33	889,889.
	34	Total liabilities and net assets/fund balances			893,598.	34	929,719.

-orm	1990 (2018)	/1-02	6524/	Pa	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				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	38	4,7	45.
2	Total expenses (must equal Part IX, column (A), line 25)	2			86.
3	Revenue less expenses Subtract line 2 from line 1	3	3	2,1	59.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	85	$7,\overline{7}$	30.
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	88	9,8	89.
Pa	rt XIII 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 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		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			İ
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audıt			
	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 required	ired audit			
	or guidite, explain why in Schedule O and describe any steps taken to undergo such audits		2h		ŀ

Form **990** (2018)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

2018

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

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-B

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

-	Contract 501(a)(A) (5) as (6) as as as	tions Complete Best III			
	Section 501(c)(4), (5), or (6) organiza ne of organization	tions Complete Part III		Emn	loyer identification number
INAII		C B B-		Linp	•
Da	raulkne	r County Farm Buganization is exempt un	ireau dor coction 501/o\	or is a specion 527 o	71-0265247
Pa	art I-A Complete if the org	ganization is exempt un	der section 50 I(c)	or is a section 527 c	rgariization.
1	Provide a description of the organiz	zation's direct and indirect politi	cal campaign activities		
2	Political campaign activity expendit	tures		▶ \$	S
3	Volunteer hours for political campa	ign activities			
				<u> </u>	
Pa	art I-B Complete if the org	ganization is exempt un	der section 501(c)	(3).	
1	Enter the amount of any excise tax	incurred by the organization un	der section 4955	▶ 9	S
2	Enter the amount of any excise tax	incurred by organization manag	gers under section 4955	5 ▶ \$	S
3	If the organization incurred a section	on 4955 tax, did it file Form 4720	o for this year?		Yes No
4a	Was a correction made?		-		Yes No
	o If "Yes," describe in Part IV				
		ganization is exempt un	der section 501(c)	, except section 501	(c)(3).
1	Enter the amount directly expended	d by the filing organization for se	ection 527 exempt fund	tion activities	3
	Enter the amount of the filing organ	, ,			
_	exempt function activities			▶ \$	
2	Total exempt function expenditures	Add lines 1 and 2 Enter here	and on Form 1120-POL		1
3	line 17b	Add lines I and 2 Enter here	and on 1 on 1 1201 oc		S
		1100 DOL for this year?			Yes No
4	Did the filing organization file Form		INN of all posture EO7 as	alitical arganizations to which	
5	Enter the names, addresses and er	• •		-	• •
	made payments. For each organization contributions received that were pr	·			·
	political action committee (PAC) If	• •		•	ate segregated fulld of a
			1	1	T
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political contributions received and
				filing organization's funds If none, enter -0-	promptly and directly
				Tarios ir none, enter o	delivered to a separate
					political organization
					If none, enter -0-
				-	
		1			
				1	

Schedule C (Form 990 or 990-EZ) 2018	<u>Faulki</u>	<u>ner Co</u>	unty Farm B	ureau		0265247 Page 2
Part II-A Complete if the org	janizatio	n is exe	mpt under sectio	n 501(c)(3) and file	ed Form 5768 (e	election under
section 501(h)).						
A Check. Lif the filing organiza	ition belong	s to an aff	liated group (and list in	Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and sha	re of exces	s lobbying	expenditures)			
B Check 🕨 🔛 if the filing organiza	tion check	ed box A a	nd "limited control" pro	visions apply		
		ying Expe	nditures [.] Ints paid or incurred.	,	(a) Filing organization's	(b) Affiliated group totals
(me term expen			para or mouricus,		totals	
1a Total lobbying expenditures to infli	uence pub	ic opinion (grass roots lobbying)			
b Total lobbying expenditures to infli	uence a leg	jislative bo	dy (direct lobbying)			J
c Total lobbying expenditures (add l	ines 1a and	l 1b)				
d Other exempt purpose expenditure	es					
e Total exempt purpose expenditure	s (add line	s 1c and 1c	· (t			
f Lobbying nontaxable amount Enti	er the amo	unt from the	e following table in bot	h columns		,
If the amount on line 1e, column (a) o			bying nontaxable am			
Not over \$500,000			the amount on line 1e			1
Over \$500,000 but not over \$1,00	0.000	_	00 plus 15% of the exc	ess over \$500,000		
Over \$1,000,000 but not over \$1,5			00 plus 10% of the exc		•	1
Over \$1,500,000 but not over \$17						
Over \$17,000,000	,000,000	\$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000				į
Over \$17,000,000		Ψ1,000,	000			
g Grassroots nontaxable amount (er	tor 25% of	ilino 1fl				
•		•		-		-
h Subtract line 1g from line 1a. If zer				-	-	
i Subtract line 1f from line 1c If zero			l.ma 1. d.d tha arman	L		
j If there is an amount other than ze	_	r line in or	line 11, did the organiza	ation lile Form 4/20		
reporting section 4911 tax for this		4 ٧		O		Yes No
(Some organizations t	hat made a	section 5	eraging Period Under 01(h) election do not ate instructions for lii	have to complete all o	of the five columns l	pelow.
	Lobb	ying Expe	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
(or noon your Dognaming my						
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						<u> </u>
(150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2018

Schedule C (Form 990 or 990 EZ) 2018 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)).

For each "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 1i				
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), sect	ion 501(c)(3	ō), or se	ction	
501(c)(6).			Yes	No
			res	140
Were substantially all (90% or more) dues received nondeductible by members?		1	Х	
1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 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), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	on 501(c)(5	2 3 5), or se	X X ection	
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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

Inspection Employer identification number

Name of the organization Faulkner County Farm Bureau

71-0265247

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structi	ıre
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ear	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	t holds?	└── Yes └── No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
	\$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	
	and section 170(h)(4)(B)(ii)?		└─ Yes └─ No
9	In Part XIII, describe how the organization reports conservati	· ·	· · · · · · · · · · · · · · · · · · ·
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
Da	conservation easements t III Organizations Maintaining Collections o	f Art. Historical Traceurse or O	thou Cincilar Accets
Pai	d III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form	-	ther Similar Assets.

та	If the organization elected, as permitted under SFAS 116 (AS	•	, , , , , , , , , , , , , , , , , , ,
	historical treasures, or other similar assets held for public exh		nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
D	If the organization elected, as permitted under SFAS 116 (AS	, ,	
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pul	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 tre-		i gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	. .
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		▶ \$

		r County F				or Oth	or Cirril		<u>65247</u>		ge 2
ш											
3	Using the organization's acquisition, accessi	on, and other record	is, chec	k any of the	following that	at are a s	ignificant	use of its	collection	items	6
	(check all that apply)										
а											
b											
С	c Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII										
5	During the year, did the organization solicit of					ier simila	rassets	_	7		
_	to be sold to raise funds rather than to be ma								Yes _		No_
Pai	t IV Escrow and Custodial Arran		ete if the	organizatio	on answered	"Yes" on	Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	ssets not	included		_		
	on Form 990, Part X?								Yes	Ш	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing 1	table					· · · · · · · · · · · · · · · · · · ·		
									Amount		
	Beginning balance						1c				
	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f			_	
	Did the organization include an amount on F						•		」Yes	Щ	No
	If "Yes," explain the arrangement in Part XIII										
Pai	t V Endowment Funds. Complete	f the organization ar									
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three y	rears back	(e) Four	ears t	ack_
1a	Beginning of year balance							_			
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
9	End of year balance		L		<u> </u>						
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1	g, column (a	a)) held as						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment >	%									
C	Temporarily restricted endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%									
3а	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	ind administe	ered for t	he organiz	ation	_		
	by								\	es	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(iı)		
b	If "Yes" on line 3a(ii), are the related organization	itions listed as requi	red on S	ichedule R?	•				3b		
4	Describe in Part XIII the intended uses of the		wment	funds							
Pai	t VI _ Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	d "Yes" on Form 990	D, Part IN	/, line 11a S	See Form 990), Part X,	line 10				
	Description of property	(a) Cost or o			or other	• •	ccumulate	ed	(d) Book	value	
		basis (investr	nent)		(other)	de	preciation				
1a	Land				4,238.				114		
b	Buildings			32	3,384.		258,7	88.	64	, 59	<u>6.</u>
c	Leasehold improvements										
d	Equipment				9,249.		L00,3		8	,93	<u> 37.</u>
<u>e</u>	Other			7	6,602.		5,8	25.		,77	
Tota	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line 1	10c.)				<u>258</u>	,54	18.

Schedule D (Form 990) 2018

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

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

(8) (9)

	edule D (Form 990) 2018 Faulkner County Farm Bu		71-0265247	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Rever	iue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 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	E 1	<u> </u>	
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	40		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	_4b		
C	Add lines 4a and 4b Total reverse Add lines 2 and 4a (This must equal Form 900, Part I, line 12)	1	4c 5	
5 Pai	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) rt XII Reconciliation of Expenses per Audited Financial Sta			
1 4	Complete if the organization answered "Yes" on Form 990, Part IV, lin		noco per metarri.	
1	Total expenses and losses per audited financial statements	124	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	1	
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
_		45		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
a b	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII)	4b		
_	•		4c	
b	Other (Describe in Part XIII)	4b	4c 5	
b c 5	Other (Describe in Part XIII) Add lines 4a and 4b	4b		
b c 5	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	4b	5	KI,
b c 5 Pa	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.	4b 3) 1, Part IV, lines 1b and 2b,	5	KI,
b 5 Par	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	4b 3) 1, Part IV, lines 1b and 2b,	5	KI,
b 5 Par	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	4b 3) 1, Part IV, lines 1b and 2b,	5	ΚI,
b 5 Par	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	4b 3) 1, Part IV, lines 1b and 2b,	5	KI,
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b 5 Par	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	4b 3) 4, Part IV, lines 1b and 2b,	5	ΚΙ,
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(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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

Employer identification number 71-0265247

Faulkner County Farm Bureau	71-02652 4 7
Form 990, Part VI, Section A, line 2:	
Bob Schaefers and Chris Schaefers - business and family r	elationship
Bill Dodgen and Bob Schaeffers - family relationship	
Form 990, Part VI, Section A, line 6:	
The Organization is a mutual benefit organization with me	
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 by the board at the next monthly board	d meeting after
receiving the completed return. The Board President revi	ews 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 ma	nagement
officials.	

Schedule O (Form 990 or 990-EZ) (2018) Page 2				
Name of the organization Faulkner County Farm Bureau	Employer identification number 71-0265247			
Form 990, Part VI, Section C, Line 19:	<u>-</u>			
These documents are not available to the public.				
				
	,			
	700			