SCANNED DEC 1 5 2021

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

▶ 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 and the latest information. Inspection

A	For th	e 2018 calendar year, or tax year beginning NOV 1, 2018 and e	ending (CT 31, 20	19			
В	Check if applicab	C Name of organization		D Employer ider	ntification number			
	Addre							
	Name		71	-0281591				
	Initial return	the state of the s	Room/suite	E Telephone nun	nber			
	Final	P.O. Box 648		50	1-354-0101			
	termir ated			G Gross receipts \$	487,632.			
	Amen return	ded Marrilton AB 72110		H(a) Is this a grou	p return			
	Applii tion	F Name and address of principal officer digitally and c		for subordina	ates? Yes X No			
	pendi	same as C above	<u></u>	H(b) Are all subordina	tes included? Yes No			
1	Tax∙ex	empt status 501(c)(3) _X 501(c) (5) ◀ (insert no.) 4947(a)(1) oi	r) 527	If "No," attac	th a list (see instructions)			
		te: ► www.arfb.com/conway		H(c) Group exem				
		organization: X Corporation Trust Association Other	L Year	of formation: 196	6 M State of legal domicile: AR			
P	art I]	Summary						
ģ	1	Briefly describe the organization's mission or most significant activities <u>Agric</u>	cultur	al Promot	ion			
Governance								
ern	2	Check this box if the organization discontinued its operations unto spos						
Š	3		•	nk-USB	3 23			
•ర	4	Number of independent voting members of the governing body (Part VI, line 1b)	729	`	4 23			
ies	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	2320	2f î \	5 5			
Activities	6	Total number of volunteers (estimate if necessary)) }	6 35			
ĄĊ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12 Kansar	e City, M	191	7a 130,414.			
_	<u> </u>	Net unrelated business taxable income from Form 990-T, line 38			<u>-47,654.</u>			
		Contributions and areata (Dot VIII Iron 1h)	- ⊢	Prior Year	Current Year 0.			
an a	8	Contributions and grants (Part VIII, line 1h)	44,83					
Revenue	9	Program service revenue (Part VIII, line 2g)	-	39				
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	180,07					
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	225,30	·				
_	12			96				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)			0. 0.			
	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		114,85				
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)			0. 0.			
pen	h	Total fundraising expenses (Part IX, column (D), line 25)	0.		<u> </u>			
X	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		111,83	5. 137,421.			
	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		227,65				
	1	Revenue less expenses Subtract line 18 from line 12		-2,34				
50			Ве	ginning of Current Ye				
Sign	20	Total assets (Part X, line 16) RECEIVED) -	517,14				
Seg	21	Total liabilities (Part X, line 26) 0487		20,11				
Net Assets or	22	Net assets or fund balances Subtract line 21 from line 20		497,02				
P	art II	Signature Block n 8 2 3 2020	1					
Un	der pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best o	of my knowledge and belief, it is			
tru	e, corre	ct, and complete. Beclaration of preparer (other than officer) is based on all information of whi		has any knowledge.	-			
		Signature of other KANSAS CITY	MO.	09/1	1/20			
Sıç	gn	K (2)		Date /	1 .			
He	re		CCPE	Board Me	mber			
		Type or print name and title		Poto Otto	() DTIN			
		Print/Type preparer's name Preparer's signature	_	Date Check				
	Maria R. Bear, Cin							
	parer	Firm's name Landmark PLC, CPAs		Firm's EIN	71-0355269			
Us	e Only	Firm's address 201 E. Markham, Suite 500			EA1 27E 202E			
_		Little Rock, AR 72201		Phone no.	501-375-2025			
		RS discuss this return with the preparer shown above? (see instructions)			X Yes No			
832	001 12-3	pl-18 LHA For Paperwork Reduction Act Notice, see the separate instruction	ns.		Form 990 (2018)			

	t III Statement of Program Service Accomplishments	<u>~</u>
га	Check if Schedule O contains a response or note to any line in this Part III	٦
1	Briefly describe the organization's mission	_
1	Agricultural Promotion	
	Agricultural Fromocion	_
		_
		_
2	Did the organization undertake any significant program services during the year which were not listed on the	_
_	prior Form 990 or 990-EZ?	3
	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.	3
3	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	
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported	
 4a	(Code) (Expenses \$	7
- •a	County Farm Bureau work is general in nature, helping farm families	
	achieve educational improvements, economic opportunity, and social	_
	advancement.	_
	auvancement.	_
		_
		_
		_
		_
		_
		_
		_
		_
4b	(Code) (Expenses \$.)
		_
		_
		_
		_
		_
		_
		_
		_
		_
		_
		_
		_
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
		_
		_
		_
		_
		_
		_
		_
		_
		_
		_
4d	Other program services (Describe in Schedule O)	_
	(Expenses \$ including grants of \$) (Revenue \$)	
 4е	Total program service expenses	_
	Form 990 (201	8)

Form 990 (2018) Conway County Farm Bureau
Part IV Checklist of Required Schedules

		_	V	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
'	If "Yes," complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
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		Х
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 98-19? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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		Х
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> </u>	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?	ŀ	ĺ	
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		x	
	Part VI	11a	^	
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11b		х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		Λ
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	But the second of the second o	1.0	1	
ď	Part X, line 16° If "Yes," complete Schedule D, Part IX	11d	}	х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		}	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
þ	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			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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	45		х
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		Λ
16	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,	10		
17	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,"			<u> </u>
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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
		_	000	

Conway County Farm Bureau 71-0281591 Page 4 Form 990 (2018) 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 X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete 23 Х Schedule J 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 X 24a Schedule K. If "No," go to line 25a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 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," 26 Х complete Schedule L, Part II 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 X 27 of any of these persons? If "Yes." complete Schedule L. Part III 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) X a 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 c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, Х director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х 30 contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? Х If "Yes," complete Schedule N. Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Х 32 Schedule N. Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 Part V. line 1 Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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? 36 If "Yes." complete Schedule R. Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization Х and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 2 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a

0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Form 990 (2018)

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Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, 5 filed for the calendar year ending with or within the year covered by this return 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X За X b If "Yes." has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Х 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? 6a 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). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c 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 e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter 11 1<u>1a</u> Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c X 14a 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 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N Is the organization an educational institution subject to the section 4968 excise tax on net investment income? X 16

If "Yes," complete Form 4720, Schedule O

Form 990 (2018) Conway County Farm Bureau 71-0281591 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

	to line ba, ab, or rob below, describe the directination of the direction of the direction of			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			<u> </u>
	Enter the number of voting members of the governing body at the end of the tax year 23		Yes	No
1a	, , ,	ł		
	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 0. Enter the number of voting members included in line 1a, above, who are independent 1b 23			
b	· · · · · · · · · · · · · · · · · · ·	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	_	X	
_	officer, director, trustee, or key employee?	2_	Λ	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		v
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	v	Α_
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	l _	w	
	more members of the governing body?	7a_	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	Х	-
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	<u>X</u>	
b	Each committee with authority to act on behalf of the governing body?	8b_	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			ا
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			_
		_	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	X	L
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		i	
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► None			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	able
	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	i finan	cıal	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records >			
	The Organization - 501-354-0101			
	P.O. Box 648, Morrilton, AR 72110			

Earm	aan	(2018)	

Conway County Farm Bureau

71-0281591

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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)	(B)		411120	((100	(D)	(E)	(F)
Name and Title	Average			Pos	ition			Reportable	Reportable	Estimated
Name and The	hours per		not c					compensation	compensation	amount of
	week		cer an					from	from related	other
	(list any	į				ŀ		the	organizations	compensation
	hours for	F			ļ	ted ted		organization	(W-2/1099-MISC)	from the
	related	stee	ruste			bens		(W-2/1099-MISC)		organization
	organizations	를	ona		Boye	8 8				and related
	below line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Johnny Hoyt	0.50	-	_		-		<u> </u>			
President		X		X				0.	0.	0.
(2) Rocky Vess	0.50									
Vice President		X		X		ł		0.	0.	0.
(3) Brandon Zinser	0.50									
Secretary/Treasurer		X		X				0.	0.	0.
(4) Gary Kaufman	0.50									
Member		Х						0.	0.	0.
(5) Harry Caldwell	0.50									
Member		X						0.	0.	0.
(6) Hall Calhoun	0.50					}			_	_
Member		X				<u> </u>		0.	0.	0.
(7) Robert Carruthers	0.50									
Member		X				<u> </u>	_	0.	0.	0.
(8) Robert Seth Davidson	0.50					ļ				
Member		X			_	<u> </u>		0.	0.	0.
(9) Scott McKennon	0.50	l								
Member		X				<u> </u>	-	0.	0.	0.
(10) Charles Gray	0.50									•
Member		X				ļ		0	0.	0.
(11) William Gray	0.50	ļ								
Member		X	-			ļ	-	0.	0.	0.
(12) Les Davis	0.50									•
Member	0 50	X	_			<u> </u>		0.	0.	0.
(13) Randy Hayes	0.50						ļ			
Member	0.50	X	ļ				1	0.	0.	0.
(14) Jerry Scroggins	0.50						ļ		0	•
Member	0-50	X					 	0.	0.	0.
(15) William Martin	0.50							0	٠ .	•
Member	0.50	X					\vdash	0.	0.	0.
(16) John Maus	0.50	·						0.	0.	^
Member	0 50	X	 -				-	0.	U •	0,
(17) Nick Moore	0.50	X						0.	0.	0.
Member 822007 12 21 18				L	L	<u></u>	1	1 0.		Form 990 (2018)

(A)	(B)	pioy	/ees		<u>а пі</u> С)	gne	SIC	(D)	(E)	7	(F)	
Name and title	Average		Position					Reportable	Reportable		Estimated	
Name and the	hours per		not c					1	compensation		amount of	
	week	\vdash	cer ar	nd a d	directo	or/trus	stee)	from	from related		other	
	(list any	ecto						the	organizations		mpensatio	חנ
	hours for related	0 to	83			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)		from the rganizatior	
	organizations	in Ste	l trus		a	mpen		(44-27 1099-141130)			nd related	
	below	Individual trustee or director	institutional trustee		Key employee	estco					ganization	
	line)	흏	Instit	Officer	Key	Highest compensated employee	Former					
(18) Barry Stobaugh	0.50	1							_			_
Member		X			<u> </u>	ļ	<u> </u>	0.	0	•		0.
(19) Robert Stobaugh	0.50	┨							•	ļ		^
<u>Member</u>	0.50	X	-		-	\vdash	-	0.	0	+-		0.
(20) Tommy Thompson	0.50	×						0.	0			Ο.
Member	0.50	<u> </u>	+-			1	-	- 0.		+		<u>.</u>
(21) Randy Voss	0.30	X						0.	0			0.
Member (22) Bart Stobaugh	0.50	1								•		.
Member	0.50	x						0.	0		ı	0.
(23) Will Fisher	0.50											
Member		X						0.	0	<u>.</u>	1	0.
(24) Phillip DeSalvo	0.50											
Member		X		<u> </u>				0.	0	<u>.</u>		<u>0.</u>
(25) Michael Hammons	0.50	_							_			_
Member		X	-	<u> </u>	-	_		0.	0	<u>-</u>		0.
(26) Dustin Voss	0.50	١.,		ļ					0			^
Member		X		<u> </u>	<u></u>	<u></u>	┶	0.	<u>0</u> 0			<u>0.</u> 0.
1b Sub-total	VII Continu A							0.	0	_		<u>0.</u>
 c Total from continuation sheets to Pa d Total (add lines 1b and 1c) 	art VII, Section A							0.	0			0.
2 Total number of individuals (including	hut not limited to th	1056	liste	ed a	hove	e) wi	ho r			•,		
compensation from the organization						-,		, , , , , , , , , , , , , , , , , , , ,				0
								-		$\overline{}$	Yes N	Vo
3 Did the organization list any former of	ficer, director, or tr	uste	e, ke	y er	mplo	yee	, or	highest compensated en	nployee on			
line 1a? If "Yes," complete Schedule J										3	 	<u>X</u>
4 For any individual listed on line 1a, is to									he organization		1 1.	
and related organizations greater than			-							4	+	<u>X</u>
5 Did any person listed on line 1a receive							relat	ted organization or individ	dual for services	_ ا	,	v
rendered to the organization? If "Yes," Section B. Independent Contractors	complete Schedul	e J	tor s	ucn	per	son				5		<u>X</u>
Complete this table for your five higher	st compensated in	den	ende	ent c	conti	racto	ors 1	that received more than 9	100 000 of compe		from	_
the organization Report compensation												
(A							_	(B)			(C)	
Name and busi	ness address	N	ON	E				Description of se	ervices	Comp	ensation	
	- -											_
							\neg					_
-												
2 Total number of independent contract		not li	mite	d to	tho	se li	stec	d above) who received me	ore than			
\$100,000 of compensation from the or	rganization >					U			<u></u>		000 :	

		Check if Schedule O conta	ins a response	or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
इ इ	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
اع ي	c		1c					
a it	d	Related organizations	1d			•		
S,E	e	Government grants (contribution						
ēδ		All other contributions, gifts, grants					•	
ĒĒ		similar amounts not included abov						
들이	g	Noncash contributions included in lines	1a-1f \$					ı
a S	h	Total. Add lines 1a-1f		>				
			•	Business Code				
e	2 a	Membership Dues		110000	47,005.	47,005.		
اه ێ	b							
2 2	С							
e a	d					<u></u> .		
Program Service Revenue	е							
ا تە	f	All other program service rever	nue					
		Total. Add lines 2a-2f		•	47,005.	-		
	3	Investment income (including of	dividends, intere	est, and				
		other similar amounts)		▶	331.			331.
	4	Income from investment of tax	exempt bond p	oroceeds 🕨				
	5	Royalties		▶	1,468.			1,468.
			(i) Real	(II) Personal				
	6 a	Gross rents	53,312.					
}	b	· '	0.					
	С	Rental income or (loss)	53,312.		52 212	E2 240		
		Net rental income or (loss)		•	53,312.	53,312.		
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory		250,000.				
	b	Less cost or other basis		100 405				
		and sales expenses		193,495.				
-		Gain or (loss)		56,505.	56 505		-	F.C. F.O.F.
		Net gain or (loss)		_	56,505.		· ·	56,505.
e e	8 a	Gross income from fundraising						
		including \$			•			,
Be		contributions reported on line	•				_	
Other Reven		Part IV, line 18	• a				,	
₹		Less direct expenses	b					
		Net income or (loss) from fund	=				_	<u> </u>
	9 a	Gross income from gaming act				•		
		Part IV, line 19	a	-				
		Less direct expenses	b na activitica					•
- 1		Net income or (loss) from gami						<u> </u>
1	10 a	Gross sales of inventory, less r						
		and allowances	a b					
		Less cost of goods sold Net income or (loss) from sales	_					
	<u> </u>	Miscellaneous Revenue		Business Code				
}	11 -	Insurance Servi		524298	130,414.		130,414.	
		Miscellaneous I		900099	5,102.		TOO 1 4T Z +	5,102.
	0	WISCETIGHEORS I	11COME	700099			-	3,102.
	ت بہ	All other revenue						
	a	Total. Add lines 11a-11d		-	135,516.			
_	12	Total revenue. See instructions			294,137.	100.317.	130,414.	63,406.
-	12	TOTAL TO FORME, OUC HISH OUTIONS						

Form 990 (2018) Conway County Farm Bureau
Part IX Statement of Functional Expenses

ection 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)							
Check if Schedule O contains a respon	nse or note to any line in	this Part IX					
On not include amounts reported on lines 6b. (A) (B) (C)							

	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	2,509.			
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	6,500.			
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	92,774.			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	3,295.	. <u></u>		
9	Other employee benefits				
10	Payroll taxes	7,401.			
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	600.			
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	7,756.			
13	Office expenses	23,061.	. =		
14	Information technology				
15	Royalties				
16	Occupancy	43,149.			_
17	Travel		·····		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	19,077.			
20	Interest	19,471.			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	16,694.			
23	Insurance	1,099.			
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)			·	'
	amount, list line 24e expenses on Schedule 0.)				
а	Youth and Safety	5,221.	· · · · · ·		
b	Miscellaneous	1,293.			
С					
d					
е	All other expenses	-			
25_	Total functional expenses Add lines 1 through 24e	249,900.			
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)				
83201	0 12-31-18				Form 990 (2018)

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year Cash - non-interest-bearing 1 237,008. 130,910. Savings and temporary cash investments 2 2 Pledges and grants receivable, net 3 3 652. 0. 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 10a 1,248,150. basis Complete Part VI of Schedule D 402,223. 279,470 845,927. b Less accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities See Part IV, line 11 12 12 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 10. 10. Other assets See Part IV, line 11 15 15 517,140. 976,847. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 3,311. 1,825. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 16,806. 20,458. 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 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 22 413,304. 23 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 $20,1\overline{17}$. 435,587. 26 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 27 Unrestricted net assets 27 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 0. 0. 30 Capital stock or trust principal, or current funds 0. 31 31 Paid-in or capital surplus, or land, building, or equipment fund 497,023. 541,260. Retained earnings, endowment, accumulated income, or other funds 32 541,260. 497,023.

> 976,847. Form 990 (2018)

517,140.

34

33

34

Total net assets or fund balances

Total liabilities and net assets/fund balances

·orm	1990 (2018) Conway County Farm Bureau	/1-028	TOAT	Pac	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	294	1,1	<u>37.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			00.
3	Revenue less expenses Subtract line 2 from line 1	3	4 4	1,2	37.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	497	7,0	23.
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	541	L,2	<u>60.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				Yes	Nο
1	Accounting method used to prepare the Form 990 L Cash X Accrual L Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	: O			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d 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 separar	te 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	ie audit,			
	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		į	
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		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		36		

Form **990** (2018)

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

Open to Public

Department of the Treasury Internal Revenue Service

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.

Inspection

OMB No 1545-0047

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

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

	, (,,,,				
	Section 501(c)(4), (5), or (6) organiza	tions Complete Part III			
Nan	ne of organization			Er	nployer identification number
	Conway	County Farm Bure	au		71-0281591
Pa	art I-A Complete if the or	ganization is exempt und	er section 501(c)	or is a section 527	organization.
		•			
1	Provide a description of the organization	zation's direct and indirect politication	al campaign activities	ın Part IV	
	Political campaign activity expendi	•	. •		▶\$
	Volunteer hours for political campa				
Ĭ	Total Carrier Carrier				
Pa	art I-B Complete if the org	ganization is exempt und	er section 501(c)	(3).	•
	Enter the amount of any excise tax				\$
	Enter the amount of any excise tax	, ,			\$
	If the organization incurred a section	, ,			Yes No
	a Was a correction made?	,,	, ,		Yes No
	o If "Yes," describe in Part IV				
		ganization is exempt und	er section 501(c)	, except section 50)1(c)(3).
-	Enter the amount directly expende			· · · · · · · · · · · · · · · · · · ·	> \$
	Enter the amount of the filing organ	, , ,	· ·		
_	exempt function activities		ior organizations for a	_	≻ \$
2	Total exempt function expenditures	s Add lines 1 and 2 Enter here a	nd on Form 1120-POL	-	
3	line 17b	3 / Ida iii ida i ana 2 Emar nere a			> \$
	Did the filing organization file Form	1120 POL for this year?		•	Yes No
	• •	·	N) of all section 527 pe	olitical organizations to w	
Э	Enter the names, addresses and en made payments. For each organiza	• •	·	-	
	contributions received that were pr	·			•
	political action committee (PAC) If			•	arato oogrogatoa rana or a
	<u> </u>				- (.) A
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	
				funds If none, enter	
					delivered to a separate
					political organization
	_				If none, enter -0-
	_	-			
	<u></u>				
				1	

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

Schedule C (Form 990 or 990-EZ) 2018

Schedule C (Form 990 or 990-EZ) 2018	Conwa	y Cour	ty Farm Bur	eau	71-0	0281591 Page 2
Part II-A Complete if the org	anızatıc	n is exe	mpt under section	on 501(c)(3) and file	ed Form 5/68 (e	election under
section 501(h)).				 -		
	group member's nar	ne, address, EIN,				
expenses, and shar			•			
B Check Lifthe filing organiza	tion check	ed box A a	nd "limited control" pr	ovisions apply		T T
Limit	s on Lobb	ying Expe	nditures		(a) Filing organization's	(b) Affiliated group totals
(The term "expend	litures" m	eans amo	unts paid or incurred.)	totals	totals
4 - Tatal labbuma ayaandii waa ta yafi		lio opinion i	(areas roots labbyyas)	·		
1a Total lobbying expenditures to influ			-	ì		-
 b Total lobbying expenditures to influ c Total lobbying expenditures (add li 			dy (direct lobbying)			+
, , , , , , , , , , , , , , , , , ,		110)		ì		
 d Other exempt purpose expenditure e Total exempt purpose expenditure 		s 10 and 1	۸۱			-
f Lobbying nontaxable amount. Enter	•			th columns		
	1					
If the amount on line 1e, column (a) o	1 (0) 15.		bying nontaxable am			
Not over \$500,000 20% of the amount on line 1e Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000						
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$300,000 Over \$1,000,000 but not over \$1,500,000						
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000					
Over \$17,000,000	000,000	\$1,000		333 OVEI W1,300,000		
Over \$17,000,000		Ψ1,000,	,000			'
g Grassroots nontaxable amount (en	ter 25% o	f line 1f)			*	-
h Subtract line 1g from line 1a if zero		•			.	
Subtract line 1f from line 1c If zero	•					
If there is an amount other than ze			line 1. did the organiz	ation file Form 4720	· · · · · · · · · · · · · · · · · · ·	_l
reporting section 4911 tax for this			o, old allo olgania			Yes No
		4-Year Av	eraging Period Under	Section 501(h)		<u> </u>
(Some organizations the				• •	of the five columns	below.
	See	the separ	ate instructions for li	nes 2a through 2f.)		
	Lobb	ying Expe	nditures During 4-Ye	ar Averaging Period		
					·	
Calendar year (or fiscal year beginning in)	(a) 2	2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
(or lister year beginning in)						
-						
2a Lobbying nontaxable amount						
 b Lobbying ceiling amount 						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
1						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						-
f Grassroots lobbying expenditures				<u> </u>		

Schedule C (Form 990 or 990 EZ) 2018 Conway County Farm Bureau 71-028159 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 (a)					(b)	
of the	lobbying activity	Yes	No	Amo	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or	··	<u> </u>			
•	local legislation, including any attempt to influence public opinion on a legislative matter		ļ			
	or referendum, through the use of					
а	Volunteers?	. •			•	
ь	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	_		1		
c	Media advertisements?					
d	Mailings to members, legislators, or the public?				_	
e	Publications, or published or broadcast statements?				_	
f	Grants to other organizations for lobbying purposes?					
a q	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
Ċ	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)?	· · · · · ·				
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	t III-A Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)(5), or se	ection		
	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		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from			<u> </u>	X	
Par	t 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	d "No," O	R (b) Par	t III-A, lir	ne 3, is	
	answered "Yes."			1		
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	tical				
	expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
b	Carryover from last year		_2b			
С	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3_			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political	٠ .			
	expenditure next year?		_4			
5_	Taxable amount of lobbying and political expenditures (see instructions)		5			
	t IV Supplemental Information			_		
	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou	ıp lıst), Part I	II-A, lines 1	and 2 (see		
nstru	ctions), and Part II-B, line 1 Also, complete this part for any additional information					
	·					
			···. –			
	<u> </u>					

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

Conway County Farm Bureau

Employer identification number

71-0281591

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, Iin						
		(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 advi	sed 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	idvisors in writing that grant funds can be	e used only				
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring				
	impermissible private benefit?		Yes No				
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7				
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply)					
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	torically important land area				
	Protection of natural habitat Preservation of a certified historic structure						
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last				
	day of the tax year		Held at the End of the Tax Year				
а	a Total number of conservation easements						
b	Total acreage restricted by conservation easements		2b				
С	c Number of conservation easements on a certified historic structure included in (a)						
d	d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure						
	listed in the National Register						
3	3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax						
	year ▶	_					
4	Number of states where property subject to conservation ea	sement is located					
5							
	violations, and enforcement of the conservation easements it holds?						
6	6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year						
	<u> </u>						
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year				
_	\$		2//- \/ 4 \/ (7) \/ (2)				
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	9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and						
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for						
Par	conservation easements rt III Organizations Maintaining Collections o	f Art Historical Treasures or C	Other Similar Assets				
ra	Complete if the organization answered "Yes" on Form		Aner Ommar Assets.				
	If the organization elected, as permitted under SFAS 116 (AS	· · · · · · · · · · · · · · · · · · ·	mont and halance shoot works of art				
ıa	historical treasures, or other similar assets held for public ext						
	the text of the footnote to its financial statements that descri		arice of public service, provide, in Fact XIII,				
L	If the organization elected, as permitted under SFAS 116 (AS		at and balance sheet works of art, historical				
D	treasures, or other similar assets held for public exhibition, e						
	•	ducation, or research in furtherance of pr	dolic 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	anurea or other amiles assets for finance	ol gara provide				
2	If the organization received or held works of art, historical tre		ai yairi, provide				
_	the following amounts required to be reported under SFAS 1	TO (MOC 900) relating to triese items	• •				
a	Revenue included on Form 990, Part VIII, line 1		•				

B.	٠,		_					
_		County Far			or Othor		0281591	
	0.342							
3	Using the organization's acquisition, accessi	on, and other record	as, cneck any of tr	ne following tha	t are a sign	ilicant use of	its collection	items
	(check all that apply)		. 🗀					
а	Public exhibition	C		xchange progra				
b	Scholarly research	•	• U Other					
C	Preservation for future generations	-114		- Ab			Dod VIII	
	Provide a description of the organization's co	· · · · · · · · · · · · · · · · · · ·	=	=	· ·		ran Am	
5	During the year, did the organization solicit of				er similar as	SSEIS	Yes	
Par	to be sold to raise funds rather than to be made tive. Escrow and Custodial Arran				'Vos" on Fo	orm 990 Part		
. u.	reported an amount on Form 990, Pa	_	ete ii tile organiza	tion answered	- Tes Ultre	Jilli 990, Fait		
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for contributi	ons or other as	sets not inc	cluded		
	on Form 990, Part X?						Yes	
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table					
							Amount	
С	Beginning balance					1c		
d	Additions during the year					10		
е	Distributions during the year					1e		
f	Ending balance					1f		_
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or	custodial acco	unt liability	?	Yes	<u></u>
_	If "Yes," explain the arrangement in Part XIII					<u>-</u>		
Par	t V Endowment Funds. Complete	f the organization ar	nswered "Yes" on	ı	1			
		(a) Current year	(b) Prior year	(c) Two year	s back (d)	Three years ba	ack (e) Four y	ears
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships					,		
е	Other expenditures for facilities			ŀ				
	and programs							
f	Administrative expenses							
_	End of year balance	<u> </u>	<u></u>					
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g, column	(a)) held as				
а	Board designated or quasi-endowment		%					
b	Permanent endowment >	%						
С	Temporarily restricted endowment	%						
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%						
За	Are there endowment funds not in the posse	ession of the organiz	ation that are held	and administe	red for the	organization		-
	by							'es
	(i) unrelated organizations						3a(i)	_
	(ii) related organizations						3a(ıi)	\dashv
b	If "Yes" on line 3a(ii), are the related organization			२ ७			3b	
<u>4</u>	Describe in Part XIII the intended uses of the		owment funds					
rar	t VI Land, Buildings, and Equipm		0 D-484 44	0 5 222	\ D=-4-27-1	- 10		
	Complete if the organization answere			i				
	Description of property	(a) Cost or o		st or other		umulated	(d) Book	value
		basis (investi		s (other)	depre	ciation	1.7.4	
	Land	<u> </u>		64,988.	2.0	0 700	164	
	Buildings		9	24,942.	∠6	8,706.	656	, 4.
	Leasehold improvements			76 000		E 715	11	1 /
	Equipment			76,909.		5,715.		, 19 , 50
	Other	I		81,311.	b	7,802.	1.5	. ว(

Schedule D (Form 990) 2018

(a) Descript		on Form 990, Part IV, line			
	ion of security or category (including name of security)	(b) Book value	(c) Metho	od of valuation	Cost or end-of-year market value
(1) Financia	l derivatives				
	neld equity interests				
(3) Other					
(A)			_	<u> </u>	
(B)					
(C)					
(D)					
(E)	<u></u>				
(F)					
(G)					
(H)		, , , , , , , , , , , , , , , , , , , ,			
) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments - Program Related.				
	Complete if the organization answered "Yes"				
	(a) Description of investment	(b) Book value	(c) Metho	od of valuation	Cost or end-of-year market value
(1)					
(2)				·	
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (t	n) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.				
	Complete if the organization answered "Yes"		11d See Forn	n 990, Part X,	line 15
		on Form 990, Part IV, line Description	11d See Forn	n 990, Part X,	line 15 (b) Book value
(1)			11d See Forn	m 990, Part X,	
			11d See Forn	n 990, Part X,	
(2)			11d See Forn	n 990, Part X,	
(2) (3)			11d See Form	n 990, Part X,	
(2) (3) (4)			11d See Form	n 990, Part X,	
(2) (3) (4) (5)			11d See Form	n 990, Part X,	
(2) (3) (4)			11d See Forn	n 990, Part X,	
(2) (3) (4) (5) (6) (7)			11d See Forn	n 990, Part X,	
(2) (3) (4) (5) (6)			11d See Form	n 990, Part X,	
(2) (3) (4) (5) (6) (7) (8) (9)		Description	11d See Form	n 990, Part X,	
(2) (3) (4) (5) (6) (7) (8) (9)	(a)	Description	11d See Form	n 990, Part X,	
(2) (3) (4) (5) (6) (7) (8) (9)	(a) The second	Description e 15)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Columan Part X	mn (b) must equal Form 990, Part X, col (B) line Other Liabilities.	Description e 15) on Form 990, Part IV, line		ee Form 990, F	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	mn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description e 15) on Form 990, Part IV, line	11e or 11f Se	ee Form 990, F	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X) 1. (1) Fedical (Part X)	mn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answered "Yes"	Description e 15) on Form 990, Part IV, line	11e or 11f Se	ee Form 990, F	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X 1. (1) Feda. (2)	mn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description e 15) on Form 990, Part IV, line	11e or 11f Se	ee Form 990, F	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X 1. (1) Fed (2) (3)	mn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description e 15) on Form 990, Part IV, line	11e or 11f Se	ee Form 990, F	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X 1. (1) Feding (2) (3) (4)	mn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description e 15) on Form 990, Part IV, line	11e or 11f Se	ee Form 990, F	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X 1. (1) Feddo (2) (3) (4) (5)	mn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description e 15) on Form 990, Part IV, line	11e or 11f Se	ee Form 990, F	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Feddom (2) (3) (4) (5) (6)	mn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description e 15) on Form 990, Part IV, line	11e or 11f Se	ee Form 990, F	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Columer Part X) 1. (1) Feddom (2) (3) (4) (5) (6) (7)	mn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description e 15) on Form 990, Part IV, line	11e or 11f Se	ee Form 990, F	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Feddom (2) (3) (4) (5) (6)	mn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description e 15) on Form 990, Part IV, line	11e or 11f Se	ee Form 990, F	(b) Book value

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

Schedule D (Form 990) 2018

Sched	ule D (Form 990) 2018	Conway County Farm Bu	ıreau	71-0281591 Page 4
Part	XI Reconciliation of	Revenue per Audited Financial	Statements With Revenue	
	Complete if the organiz	zation answered "Yes" on Form 990, Part I	V, line 12a	
1 7	Total revenue, gains, and othe	er support per audited financial statements	3	1
	=	ut not on Form 990, Part VIII, line 12		
a N	Net unrealized gains (losses) o	oņ investments	2a	
	Donated services and use of f		2b	
c F	Recoveries of prior year grants	s	2c	
d (Other (Describe in Part XIII)		2d	
е А	Add lines 2a through 2d			2e
3 8	Subtract line 2e from line 1			3
4 /	Amounts included on Form 99	90, Part VIII, line 12, but not on line 1		
a I	nvestment expenses not inclu	uded on Form 990, Part VIII, line 7b	4a	
b (Other (Describe in Part XIII)		4b	
c A	Add lines 4a and 4b			4c
5	Total revenue Add lines 3 and	d 4c. (This must equal Form 990, Part I, line	e 12)	5
Part	XII Reconciliation of	Expenses per Audited Financia	Statements With Expens	ses per Return.
	Complete if the organiz	zation answered "Yes" on Form 990, Part I	V, line 12a	
1 1	Total expenses and losses per	r audited financial statements		1
2 /	Amounts included on line 1 bu	ut not on Form 990, Part IX, line 25		
	Donated services and use of f		2a	
b F	Prior year adjustments		2b	
с (Other losses		2c	
d (Other (Describe in Part XIII)		2d	
e A	Add lines 2a through 2d			2e
3 8	Subtract line 2e from line 1			3
4	Amounts included on Form 99	90, Part IX, line 25, but not on line 1		
a l	nvestment expenses not inclu	uded on Form 990, Part VIII, line 7b	4a	
ь (Other (Describe in Part XIII)		4b	
c /	Add lines 4a and 4b			4c
5	Total expenses Add lines 3 ar	nd <mark>4c. (This must equal Form 990, Part I, li</mark>	ne 18)	5
Part	XIII Supplemental Info	ormation.		
Provid	e the descriptions required fo	r Part II, lines 3, 5, and 9, Part III, lines 1a	and 4, Part IV, lines 1b and 2b, Pa	rt V, line 4, Part X, line 2, Part XI,
lines 2	d and 4b, and Part XII, lines 2	ed and 4b Also complete this part to provi	de any additional information	
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	-			·
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832054 10-29-18

Schedule D (Form 990) 2018

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

Open to Public

Inspection

OMB No 1545-0047 2018

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

Name of th	Name of the organization	notes Govern						Employer identification number 71 - 0 281 591
Part	General Information on Grants and Assistance	nd Assistance						767000 7
1 Doe	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	to substantiate th€	e amount of the grants	s or assistance, the	grantees' eligibility	y for the grants or ass	istance, and the select	
crite	criteria used to award the grants or assistance?	stance?				٠		X Yes
2 Desc	Describe in Part IV the organization's procedures for monitoring the use	ocedures for monit	toring the use of grant	of grant funds in the United States	d States			
Part II	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Domestic Organi	zations and Domesti	c Governments.	Complete if the orga	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000 Part II can	be duplicated if addit	ional space is nee	ded			
1 (a) h	1 (a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
							·	
	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	ind government or	rganizations listed in the	ne line 1 table				
	Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					
LHA For	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instruct	tions for Form 990.					Schedule I (Form 990) (2018)

Page 2 (f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) recipients. Monitoring procedures are not considered necessary since the Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Funds are disbursed directly to universities on behalf of the selected recipients themselves never have direct access to the funds provided. (d) Amount of non-cash assistance 0 6,500, (c) Amount of cash grant Conway County Farm Bureau (b) Number of recipients (a) Type of grant or assistance Part I, Line 2: Scholarships Part III

71-0281591

Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018)

832102 11-02-18

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization

Conway County Farm Bureau

Employer identification number

71-0281591

Form 990, Part VI, Section A, line 2:
Barry Stobaugh and Robert Stobaugh - family and business relationship
Barry Stobaugh, Robert Stobaugh and Bart Stobaugh - business relationship
Robert Carruthers and John Maus - business relationship
Form 990, Part VI, Section A, line 6:
The organization is a mutual benefit organization with members.
Form 990, Part VI, Section A, line 7a:
The board is elected annually by the general membership. Officers are
elected by the board.
Form 990, Part VI, Section A, line 7b:
Policy resolutions are subject to member approval.
Form 990, Part VI, Section B, line 11b:
The Agency Manager reviews. The Board President reviews and signs the 990.
The county secretary then reviews and mails it.
Form 990, Part VI, Section B, Line 12c:
Compliance issues are reported at board meetings.
Compilance issues are reported at board meetings.
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) (2018)	Page 2
Name of the organization Conway County Farm Bureau	Employer identification number 71-0281591
Form 990, Part VI, Section C, Line 19:	
These documents are not available to the public.	
	
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