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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2018

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/Form990EZ for instructions and the latest information. 1910Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning NOV 1, 2018 and ending OCT 31, 2019	
B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Hempstead County Farm Bureau Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P.O. Box 1019 City or town, state or province, country, and ZIP or foreign postal code Hope, AR 71802 05
D Employer identification number 71-0337189	E Telephone number 870-777-9002
F Group Exemption Number ▶	G Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶
H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	I Website ▶ www.arfb.com/hempstead
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (5) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	K Form of organization. <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 121,049.	

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	32,744.
	4	Investment income	4	2,850.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events:		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8	85,455.	
9	Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	121,049.	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	6,301.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	64,043.
	13	Professional fees and other payments to independent contractors	13	600.
	14	Occupancy, rent, utilities, and maintenance	14	14,090.
	15	Printing, publications, postage, and shipping	15	3,723.
	16	Other expenses (describe in Schedule O)	16	42,510.
	17	Total expenses Add lines 10 through 16	17	131,267.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-10,218.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	273,661.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	26,881.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	290,324.

LHA For Paperwork Reduction Act Notice, see the separate instructions

Form **990-EZ** (2018)

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Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	224,509.	22	248,886.
23 Land and buildings	46,068.	23	43,277.
24 Other assets (describe in Schedule O) See Schedule O	12,612.	24	9,444.
25 Total assets	283,189.	25	301,607.
26 Total liabilities (describe in Schedule O) See Schedule O	9,528.	26	11,283.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	273,661.	27	290,324.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☐
Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others.)
What is the organization's primary exempt purpose? **Agricultural Promotion**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 County Farm Bureau work is general in nature, helping farm families achieve educational improvements, economic opportunity, and social advancement.		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☒

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Mark Lloyd				
President	0.50	0.	0.	0.
Don Honea				
Vice President	0.50	0.	0.	0.
Randy Hare				
Treasurer	0.50	0.	0.	0.
Russell Womack				
Secretary	0.50	0.	0.	0.
Caleb Plyler				
Member	0.50	0.	0.	0.
Clay Antley				
Member	0.50	0.	0.	0.
Steve Burke				
Member	0.50	0.	0.	0.
Thomas Burke				
Member	0.50	0.	0.	0.
Steve Lance				
Member	0.50	0.	0.	0.
Steve Lively				
Member	0.50	0.	0.	0.
Lynn Montgomery				
Member	0.50	0.	0.	0.
Shane Plyler				
Member	0.50	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V ☒

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		<input checked="" type="checkbox"/>
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		<input checked="" type="checkbox"/>
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	<input checked="" type="checkbox"/>	
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	<input checked="" type="checkbox"/>	
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		<input checked="" type="checkbox"/>
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.		
37b Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		<input checked="" type="checkbox"/>
38b If "Yes," complete Schedule L, Part II and enter the total amount involved ▶ 38b N/A		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 ▶ 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities ▶ 39b N/A		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ N/A		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ N/A		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed ▶ None		
42a The organization's books are in care of ▶ The Organization Telephone no. ▶ 870-777-9002		
Located at ▶ P.O. Box 1019, Hope, AR ZIP + 4 ▶ 71802		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		
If "Yes," enter the name of the foreign country: ▶		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the United States?		
If "Yes," enter the name of the foreign country. ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?		<input checked="" type="checkbox"/>
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions		<input checked="" type="checkbox"/>

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?
If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?

	Yes	No
47		
48		
49a		
49b		

- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				

- f Total number of other employees paid over \$100,000

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." N/A

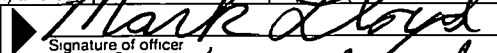

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

- d Total number of other independent contractors each receiving over \$100,000

- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A

☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here  Signature of officer  Date 9-11-20

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Maria K. Bean, CPA	Mark Bean, CPA	9/8/20		P00941762
	Firm's name	Landmark PLC, CPAs			Firm's EIN
	Firm's address	201 E. Markham, Suite 500 Little Rock, AR 72201			Phone no 501-375-2025

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

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.

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

Hempstead County Farm Bureau

Employer identification number
71-0337189

Form 990-EZ, Part I, Line 4, Rental Income:

Kind and Location of Property: Amount:

Office Space - Hope, AR 2,850.

Form 990-EZ, Part I, Line 8, Other Revenue:

Description of Other Revenue: Amount:

Insurance Service Fees 82,624.

Royalty Income 681.

Miscellaneous Income 2,150.

Total to Form 990-EZ, line 8 85,455.

Form 990-EZ, Part I, Line 10, Grants and Similar Amounts Paid:

Activity Classification: Provide Meals to Those in Need

Grantee Name: The Pack Shack

Grantee Address: 1091 E Lowell Ave Cave Springs, AR 72718

Grantee Relationship: None

Date of Gift: 10/31/19

Amount Given: 5,000.

Form 990-EZ, Part I, Line 14, Occupancy, Rent, Utilities, and Maintenance:

Description of Expenses: Amount:

Depreciation 2,792.

Other Expenses 11,298.

Total to Form 990-EZ, line 14 14,090.

Name of the organization

Hempstead County Farm Bureau

Employer identification number

71-0337189

Form 990-EZ, Part I, Line 16, Other Expenses:

Description of Other Expenses:	Amount:
Supplies	4,167.
Telephone	3,577.
Conf, conventions, etc.	12,026.
Insurance	490.
Advertising and Promotion	11,436.
Youth and Safety	4,845.
Miscellaneous	2,887.
Depreciation	3,082.
Total to Form 990-EZ, line 16	42,510.

Form 990-EZ, Part I, Line 20, Changes in Net Assets:

Changes in Net Assets or Fund Balances:	Amount:
Unrealized Gain on Investment	26,881.

Form 990-EZ, Part II, Line 24, Other Assets:

Description	Beg. of Year	End of Year
Accounts Receivable	632.	0.
Utility Deposits	25.	25.
Other Depreciable Assets	11,955.	9,419.
Total to Form 990-EZ, line 24	12,612.	9,444.

Form 990-EZ, Part II, Line 26, Other Liabilities:

Description	Beg. of Year	End of Year
Prepaid Membership	8,403.	9,746.
Payroll Liabilities	1,125.	1,537.
Total to Form 990-EZ, line 26	9,528.	11,283.

Name of the organization

Hempstead County Farm Bureau

Employer identification number

71-0337189

Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts:

The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract.

The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.

