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Short Form  
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-1150

2008

Open to Public  
Inspection

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2008 calendar year, or tax year beginning NOV 1, 2008 and ending OCT 31, 2009

B Check if applicable	C Name of organization <b>Jefferson County Farm Bureau</b>		D Employer identification number <b>71-0269275</b>
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions Number and street (or P O box, if mail is not delivered to street address) <b>P.O. Box 8052</b> City or town, state or country, and ZIP + 4 <b>Pine Bluff, AR 71611</b>		E Room/suite F Telephone number <b>870-535-1616</b>
			F Group Exemption Number ►

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method  Cash  Accrual  
Other (specify) ►

I Website: ► N/A

J Organization type (check only one) —  501(c) ( 5 ) ◀ (insert no)  4947(a)(1) or  527K Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete returnL Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$ **157,762.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for 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 <b>46,330.</b>
	4 Investment income	4 <b>1,822.</b>
	5a Gross amount from sale of assets other than inventory	5a
	b Less cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	6c
	a Gross revenue (not including \$ _____) of contributions reported on line 1)	6a
b Less direct expenses other than fundraising expenses	6b	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
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 ► See Statement 4 )	8 <b>109,610.</b>	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ► <b>157,762.</b>	9	
Expenses	10 Grants and similar amounts paid (attach schedule)	10
	11 Benefits paid to or for members ► <b>RECEIVED</b>	11
	12 Salaries, other compensation, and employee benefits	12 <b>95,226.</b>
	13 Professional fees and other payments to independent contractors	13 <b>600.</b>
	14 Occupancy, rent, utilities, and maintenance	14 <b>23,900.</b>
	15 Printing, publications, postage, and shipping	15 <b>3,419.</b>
	16 Other expenses (describe ► See Statement 1 )	16 <b>31,854.</b>
	17 Total expenses. Add lines 10 through 16 ► <b>154,999.</b>	17
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 <b>2,763.</b>
	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 <b>120,557.</b>
	20 Other changes in net assets or fund balances (attach explanation)	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ► <b>123,320.</b>	21

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II )		(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		116,461.	22 <b>117,950.</b>
23 Land and buildings		18,418.	23 <b>18,179.</b>
24 Other assets (describe ► See Statement 2 )		85.	24 <b>204.</b>
25 Total assets		134,964.	25 <b>136,333.</b>
26 Total liabilities (describe ► See Statement 3 )		14,407.	26 <b>13,013.</b>
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		120,557.	27 <b>123,320.</b>

**Part III Statement of Program Service Accomplishments (See the instructions for Part III.)**

What is the organization's primary exempt purpose? Agricultural Promotion

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

**Expenses**  
Required for 501(c)(3)  
and (4) organizations and  
47(a)(1) trusts, optional  
for others )

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

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28a

29

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Page 10 of 10

(Grants \$  ) If this amount includes foreign grants, check here

30

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**31 Other program services (attach schedule)**

(Grants \$  ) If this amount includes foreign grants, check here

**32 Total program service expenses (add lines 28a through 31a)**

100

32

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Statement 7				

## Part V Other Information (Note the statement requirements in the instructions for Part VI.)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity  
 34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes  
 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T

	Yes	No
33		X
34		X
35a	X	
35b	X	
36		X
37b		X
38a		X

a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?  
 b If "Yes," has it filed a tax return on Form 990-T for this year?  
 36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch N  
 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.  
 b Did the organization file Form 1120-POL for this year?  
 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 unpaid at the start of the period covered by this return?  
 b If "Yes," complete Schedule L, Part II and enter the total amount involved

38b	N/A
39a	N/A
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) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I  
 c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  
 d Enter amount of tax on line 40c reimbursed by the organization  
 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

40b	N/A
40e	X

41 List the states with which a copy of this return is filed ► None

42a The books are in care of ► The Organization Telephone no ► 870-535-1616  
 Located at ► P.O. Box 8052, Pine Bluff, AR ZIP + 4 ► 71611

	Yes	No
42b		X
42c		X

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 Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 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

	Yes	No
44		X
45		X

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ

**Part VI** **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

46 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

**Yes** **No**

46

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

47

48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a

b If "Yes," was the related organization(s) a section 527 organization?

49b

50 Complete this table for the 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 address of each employee paid more than \$100,000 N/A	(b) Title and average hours per week devoted to position	(c) Compensation	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Total number of other employees paid over \$100,000 ►				

51 Complete this table for the 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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors each receiving over \$100,000 ►		

<b>Sign Here</b>	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	
	► Signature of officer	6-8-10 Date

<b>Paid Preparer's Use Only</b>	Preparer's signature ► <i>Main K. Bean, CPA</i>	Date <i>5/21/10</i>	Check if self-employed ► <input type="checkbox"/>	Preparer's Identifying Number (See Instr)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► <i>Thomas &amp; Thomas LLP 201 E. Markham, Suite 500 Little Rock, AR 72201</i>		EIN ► <input type="checkbox"/> Phone ► <input type="checkbox"/> no <i>(501) 375-2025</i>	

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

►  Yes  No

Form 990-EZ (2008)

Form 990-EZ

Other Expenses

Statement 1

Description	Amount
Supplies	4,547.
Telephone	6,851.
Equipment rental and maintenance	1,559.
Conf, conventions, etc.	12,615.
Insurance	942.
Advertising and Promotion	2,677.
Youth and Safety	265.
Miscellaneous	1,493.
Depreciation	905.
<b>Total to Form 990-EZ, line 16</b>	<b>31,854.</b>

Form 990-EZ

Other Assets

Statement 2

Description	Beg. of Year	End of Year
Accounts Receivable	0.	119.
Utility Deposits	85.	85.
<b>Total to Form 990-EZ, line 24</b>	<b>85.</b>	<b>204.</b>

Form 990-EZ

Other Liabilities

Statement 3

Description	Beg. of Year	End of Year
Prepaid Membership	12,581.	11,377.
Payroll Liabilities	1,826.	1,636.
<b>Total to Form 990-EZ, line 26</b>	<b>14,407.</b>	<b>13,013.</b>

Form 990-EZ	Other Revenue	Statement 4
Description		Amount
Insurance Service Fees		95,203.
Royalty Income		1,382.
Miscellaneous Income		6,725.
Office Space-Pine Bluff, AR		6,300.
Total to Form 990-EZ, line 8		<u>109,610.</u>

Form 990-EZ	Occupancy, Rent, Utilities and Maintenance	Statement 5
Description		Amount
Depreciation		2,075.
Other Expenses		21,825.
Total to Form 990-EZ, line 14		<u>23,900.</u>

FORM 990-EZ

Information Regarding Transfers  
Associated with Personal Benefit Contracts

**Statement 6**

A) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . [ ] Yes [X] No

B) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . [ ] Yes [X] No

Form 990-EZ

Part IV - List of Officers, Directors,  
Trustees and Key Employees

Statement 7

Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	Expense Account
Glynn Guenther P.O. Box 8052, Pine Bluff, AR 71611	President 0.50	0.	0.	0.
Bryan Bonds P.O. Box 8052, Pine Bluff, AR 71611	Vice President 0.50	0.	0.	0.
Chad Render P.O. Box 8052, Pine Bluff, AR 71611	Secretary 0.50	0.	0.	0.
M.H. Bitely III P.O. Box 8052, Pine Bluff, AR 71611	Member 0.50	0.	0.	0.
Bill Blankenship P.O. Box 8052, Pine Bluff, AR 71611	Member 0.50	0.	0.	0.
Lee Blankenship P.O. Box 8052, Pine Bluff, AR 71611	Member 0.50	0.	0.	0.
Ron Blankenship P.O. Box 8052, Pine Bluff, AR 71611	Member 0.50	0.	0.	0.
Dale Wayne Davis P.O. Box 8052, Pine Bluff, AR 71611	Member 0.50	0.	0.	0.
Michale Wayne Davis P.O. Box 8052, Pine Bluff, AR 71611	Member 0.50	0.	0.	0.
Ricky Dale Davis P.O. Box 8052, Pine Bluff, AR 71611	Member 0.50	0.	0.	0.
Thomas Dial P.O. Box 8052, Pine Bluff, AR 71611	Member 0.50	0.	0.	0.
Joe Euseppi P.O. Box 8052, Pine Bluff, AR 71611	Member 0.50	0.	0.	0.
Johnny Faulkner P.O. Box 8052, Pine Bluff, AR 71611	Member 0.50	0.	0.	0.
Benny Fratesi P.O. Box 8052, Pine Bluff, AR 71611	Member 0.50	0.	0.	0.

**Jefferson County Farm Bureau****71-0269275**

Charles Hooker, Jr. P.O. Box 8052, Pine Bluff, AR 71611	Member 0.50	0.	0.	0.
Stuart Jones P.O. Box 8052, Pine Bluff, AR 71611	Member 0.50	0.	0.	0.
Fred Magnini P.O. Box 8052, Pine Bluff, AR 71611	Member 0.50	0.	0.	0.
Wes McNulty P.O. Box 8052, Pine Bluff, AR 71611	Member 0.50	0.	0.	0.
Chad Pittillo P.O. Box 8052, Pine Bluff, AR 71611	Member 0.50	0.	0.	0.
Larry Rasberry P.O. Box 8052, Pine Bluff, AR 71611	Member 0.50	0.	0.	0.
James Ruggeri P.O. Box 8052, Pine Bluff, AR 71611	Member 0.50	0.	0.	0.
Jeff Sheppard P.O. Box 8052, Pine Bluff, AR 71611	Member 0.50	0.	0.	0.
David Sites P.O. Box 8052, Pine Bluff, AR 71611	Member 0.50	0.	0.	0.
Vince Stone P.O. Box 8052, Pine Bluff, AR 71611	Member 0.50	0.	0.	0.
Matt Tucker P.O. Box 8052, Pine Bluff, AR 71611	Member 0.50	0.	0.	0.
V.B. Turchi P.O. Box 8052, Pine Bluff, AR 71611	Member 0.50	0.	0.	0.
Neal Ward P.O. Box 8052, Pine Bluff, AR 71611	Member 0.50	0.	0.	0.
<b>Totals Included on Form 990-EZ, Part IV</b>		<b>0.</b>	<b>0.</b>	<b>0.</b>