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Form 990-EZ

Department of the Treasury  
Internal Revenue ServiceShort 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)

- ▶ 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.

OMB No 1545-1150

2008

Open to Public  
Inspection

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

B Check if applicable

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type See

Specific Instructions

C Name of organization

Benton County Farm Bureau

Number and street (or P O box, if mail is not delivered to street address)

P.O. Box 450

City or town, state or country, and ZIP + 4

Bentonville, AR 72712

D Employer identification number

71-0291410

E Telephone number

479-273-7786

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

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)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 return.

L 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 ▶ \$ 374,911.

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21				
Revenue	1															1																
	2															2																
	3															3	127,856.															
	4															4	1,824.															
	5a															5a																
	5b															5b																
	5c															5c																
	6															6																
	6a															6a																
	6b															6b																
6c															6c																	
7a															7a																	
7b															7b																	
7c															7c																	
8															8	245,231.																
9															9	374,911.																
Expenses	10															10																
	11															11																
	12															12	262,832.															
	13															13	600.															
	14															14	64,363.															
	15															15	8,614.															
	16															16	46,341.															
	17															17	382,750.															
18															18	-7,839.																
Net Assets	19															19	551,509.															
	20															20																
	21															21	543,670.															
	22															22																

## 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	126,896.	135,104.
23	Land and buildings	465,941.	454,579.
24	Other assets (describe ▶)		
25	Total assets	592,837.	589,683.
26	Total liabilities (describe ▶ See Statement 2)	41,328.	46,013.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	551,509.	543,670.

832171  
12-17-08

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Form 990-EZ (2008)

SCANNED JUL 22 2010

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

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<b>33</b>	X
<b>34</b> 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	<b>34</b>	X
<b>35</b> 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		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	<b>35a</b>	X
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?	<b>35b</b>	X
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch N	<b>36</b>	X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <span style="float: right;">▶ <b>37a</b> 0.</span>	<b>37a</b>	
<b>b</b> Did the organization file Form 1120-POL for this year?	<b>37b</b>	X
<b>38a</b> 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>38a</b>	X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float: right;"><b>38b</b> N/A</span>	<b>38b</b>	
<b>39</b> Section 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 <span style="float: right;"><b>39a</b> N/A</span>	<b>39a</b>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <span style="float: right;"><b>39b</b> N/A</span>	<b>39b</b>	
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <span style="float: right;">▶ N/A</span> , section 4912 <span style="float: right;">▶ N/A</span> , section 4955 <span style="float: right;">▶ N/A</span>		
<b>b</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	<b>40b</b>	N/A
<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float: right;">▶ 0.</span>		
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization <span style="float: right;">▶ 0.</span>		
<b>e</b> 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	<b>40e</b>	X
<b>41</b> List the states with which a copy of this return is filed <span style="float: right;">▶ None</span>		
<b>42a</b> The books are in care of <span style="float: right;">▶ The Organization</span> Telephone no <span style="float: right;">▶ 479-273-7786</span> Located at <span style="float: right;">▶ 1601 SW 'A' St., Bentonville, AR</span> ZIP + 4 <span style="float: right;">▶ 72712</span>		
<b>b</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 <span style="float: right;">▶</span> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	<b>42b</b>	X
<b>c</b> 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 <span style="float: right;">▶</span>	<b>42c</b>	X
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <span style="float: right;">▶ <input type="checkbox"/></span> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float: right;">▶ <b>43</b> N/A</span>		
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	<b>44</b>	X
<b>45</b> 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	<b>45</b>	X

**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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating 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(s) a section 527 organization?
- 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"

	Yes	No
46		
47		
48		
49a		
49b		

(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"

(a) Name and address of each independent contractor paid more than \$100,000 N/A	(b) Type of service	(c) Compensation
Total number of other independent contractors each receiving over \$100,000		

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: James Simpson Date: 5-20-10

Type or print name and title: James Simpson, President

Paid Preparer's Use Only

Preparer's signature: Mark Beam CPA Date: 5/7/10 Check if self-employed: ☐

Firm's name (or yours if self-employed), address and ZIP + 4: Thomas & Thomas LLP  
201 E. Markham, Suite 500  
Little Rock, AR 72201

Preparer's Identifying Number (See instr.): 5-20-10  
EIN: 5-20-10  
Phone no: (501) 375-2025

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Form 990-EZ	Other Expenses	Statement	1
Description		Amount	
Supplies		9,341.	
Telephone		7,604.	
Conf, conventions, etc.		11,447.	
Insurance		976.	
Advertising and Promotion		2,730.	
Youth and Safety		4,281.	
Miscellaneous		9,952.	
Depreciation		10.	
Total to Form 990-EZ, line 16		46,341.	

Form 990-EZ	Other Liabilities	Statement	2
Description	Beg. of Year	End of Year	
Prepaid Membership	40,123.	38,522.	
Payroll Liabilities	1,205.	4,529.	
Accounts Payable	0.	2,962.	
Total to Form 990-EZ, line 26	41,328.	46,013.	

Form 990-EZ	Other Revenue	Statement	3
Description		Amount	
Insurance Service Fees		223,894.	
Royalty Income		1,037.	
Miscellaneous Income		12,245.	
Office Space - Bentonville, AR		8,055.	
Total to Form 990-EZ, line 8		245,231.	

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Form 990-EZ	Occupancy, Rent, Utilities and Maintenance	Statement	4
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<u>Description</u>	<u>Amount</u>
Depreciation	18,084.
Other Expenses	46,279.
Total to Form 990-EZ, line 14	64,363.

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FORM 990-EZ	Information Regarding Transfers Associated with Personal Benefit Contracts	Statement	5
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- 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
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Form 990-EZ	Part IV - List of Officers, Directors, Trustees and Key Employees	Statement 6
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Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Expense Contrib Account
James Simpson P.O. Box 450, Bentonville, AR 72712	President 0.50	0.	0. 0.
Dan Douglas P.O. Box 450, Bentonville, AR 72712	Vice President 0.50	0.	0. 0.
Bob Shofner P.O. Box 450, Bentonville, AR 72712	Secretary/Treasurer 0.50	0.	0. 0.
Harvey Amos P.O. Box 450, Bentonville, AR 72712	Member 0.50	0.	0. 0.
Ryan Anglin P.O. Box 450, Bentonville, AR 72712	Member 0.50	0.	0. 0.
Susan Anglin P.O. Box 450, Bentonville, AR 72712	Member 0.50	0.	0. 0.
Jerry Beaver P.O. Box 450, Bentonville, AR 72712	Member 0.50	0.	0. 0.
Scott Belts P.O. Box 450, Bentonville, AR 72712	Member 0.50	0.	0. 0.
Tim Crawley P.O. Box 450, Bentonville, AR 72712	Member 0.50	0.	0. 0.
Jim Griffin P.O. Box 450, Bentonville, AR 72712	Member 0.50	0.	0. 0.
Bill Haak P.O. Box 450, Bentonville, AR 72712	Member 0.50	0.	0. 0.
Jake Haak P.O. Box 450, Bentonville, AR 72712	Member 0.50	0.	0. 0.
Doug Herbaugh P.O. Box 450, Bentonville, AR 72712	Member 0.50	0.	0. 0.
Charles Hodges P.O. Box 450, Bentonville, AR 72712	Member 0.50	0.	0. 0.

Benton County Farm Bureau

71-0291410

Gary Lane P.O. Box 450, Bentonville, AR 72712	Member 0.50	0.	0.	0.
Ross Lockhart P.O. Box 450, Bentonville, AR 72712	Member 0.50	0.	0.	0.
Don Mayer P.O. Box 450, Bentonville, AR 72712	Member 0.50	0.	0.	0.
James Patton P.O. Box 450, Bentonville, AR 72712	Member 0.50	0.	0.	0.
Roy Reynolds P.O. Box 450, Bentonville, AR 72712	Member 0.50	0.	0.	0.
Billy Sharp P.O. Box 450, Bentonville, AR 72712	Member 0.50	0.	0.	0.
Jim Singleton P.O. Box 450, Bentonville, AR 72712	Member 0.50	0.	0.	0.
John Spain P.O. Box 450, Bentonville, AR 72712	Member 0.50	0.	0.	0.
Rickie Stark P.O. Box 450, Bentonville, AR 72712	Member 0.50	0.	0.	0.
Mike Villines P.O. Box 450, Bentonville, AR 72712	Member 0.50	0.	0.	0.
Totals Included on Form 990-EZ, Part IV		<u>0.</u>	<u>0.</u>	<u>0.</u>