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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

Form 990-EZ

Department of the Treasury Internal Revenue Service

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: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: Sebastian County Farm Bureau. D Employer identification number: 71-0355109. E Telephone number: 479-646-3446. 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. H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: N/A

J Organization type: 501(c)(5)

K 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. \$ 174,033.

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

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue total: 174,033. Expenses total: 168,945. Net assets at end of year: 500,102.

Part II Balance Sheets. If total assets on line 27, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

Table with 7 rows for Balance Sheets. Total assets: 805,503. Total liabilities: 305,401. Net assets: 500,102.

SCANNED JUL 30 2010

RECEIVED JUN 1 2010

MP

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
What is the organization's primary exempt purpose? <u>Agricultural Promotion</u>		
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		
28	County Farm Bureau work is general in nature, helping farm families achieve educational improvements, economic opportunity, and social advancement.	28a
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
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 (attach schedule)	
	(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)

(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
Massie Silva P.O. Box 180279, Fort Smith, AR 72902	President 0.50	0.	0.	0.
Franklin Bruce Holland P.O. Box 180279, Fort Smith, AR 72902	Vice President 0.50	0.	0.	0.
William Sid Lawrence P.O. Box 180279, Fort Smith, AR 72902	Secretary/Treasurer 0.50	0.	0.	0.
George Donald Combs P.O. Box 180279, Fort Smith, AR 72902	Member 0.50	0.	0.	0.
Terry Dean Duboise P.O. Box 180279, Fort Smith, AR 72902	Member 0.50	0.	0.	0.
Reuel S. Holland P.O. Box 180279, Fort Smith, AR 72902	Member 0.50	0.	0.	0.
Harold W. Jones P.O. Box 180279, Fort Smith, AR 72902	Member 0.50	0.	0.	0.
Billy Joe Moore P.O. Box 180279, Fort Smith, AR 72902	Member 0.50	0.	0.	0.
Fred A. Stecher P.O. Box 180279, Fort Smith, AR 72902	Member 0.50	0.	0.	0.
James Strang P.O. Box 180279, Fort Smith, AR 72902	Member 0.50	0.	0.	0.
Joe Stroub P.O. Box 180279, Fort Smith, AR 72902	Member 0.50	0.	0.	0.
Lyndon H. Tate P.O. Box 180279, Fort Smith, AR 72902	Member 0.50	0.	0.	0.
Jack G. Turner P.O. Box 180279, Fort Smith, AR 72902	Member 0.50	0.	0.	0.
Mark E. Williams P.O. Box 180279, Fort Smith, AR 72902	Member 0.50	0.	0.	0.

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
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		X
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		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	X	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a <u>0.</u>		
b	Did the organization file Form 1120-POL for this year?		X
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?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b <u>N/A</u>		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 39a <u>N/A</u>		
b	Gross receipts, included on line 9, for public use of club facilities 39b <u>N/A</u>		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ <u>N/A</u> , section 4912 ▶ <u>N/A</u> , section 4955 ▶ <u>N/A</u>		
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		N/A
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ <u>0.</u>		
d	Enter amount of tax on line 40c reimbursed by the organization ▶ <u>0.</u>		
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		X
41	List the states with which a copy of this return is filed. ▶ <u>None</u>		
42a	The books are in care of ▶ <u>The Organization</u> Telephone no ▶ <u>479-646-3446</u> Located at ▶ <u>P.O. Box 180279, Fort Smith, AR</u> ZIP + 4 ▶ <u>72902</u>		
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.		X
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 ▶ _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <u>43</u> <u>N/A</u>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
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		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	(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
N/A				
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	(b) Type of service	(c) Compensation
N/A		
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.

Sign Here: *W. Sid Lawrence* Signature of officer Date: 6/14/10
 W. Sid Lawrence CEO/TQA Type or print name and title

Paid Preparer's Use Only: Preparer's signature: *Marie K. Bean CPA* Date: 6/2/10 Check if self-employed: Preparer's Identifying Number (See instr):
 Firm's name (or yours if self-employed), address, and ZIP + 4: Thomas & Thomas LLP, 201 E. Markham, Suite 500, Little Rock, AR 72201
 EIN: 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
<u>Description</u>		<u>Amount</u>	
Supplies		6,322.	
Telephone		7,456.	
Conf, conventions, etc.		8,496.	
Insurance		856.	
Advertising and Promotion		5,577.	
Youth and Safety		1,081.	
Miscellaneous		2,669.	
Interest		13,372.	
Depreciation		6,977.	
Total to Form 990-EZ, line 16		<u>52,806.</u>	

Form 990-EZ	Other Liabilities	Statement	2
<u>Description</u>	<u>Beg. of Year</u>	<u>End of Year</u>	
Prepaid Membership	17,202.	18,986.	
Payroll Liabilities	2,038.	1,726.	
Notes Payable	300,000.	284,689.	
Total to Form 990-EZ, line 26	<u>319,240.</u>	<u>305,401.</u>	

Form 990-EZ	Other Revenue	Statement	3
<u>Description</u>		<u>Amount</u>	
Insurance Service Fees		104,548.	
Royalty Income		1,209.	
Miscellaneous Income		2,613.	
Total to Form 990-EZ, line 8		<u>108,370.</u>	

Form 990-EZ Other Changes in Net Assets or Fund Balances Statement 4

<u>Description</u>	<u>Amount</u>
Unrealized Gains (Losses)	-1,595.
Total to Form 990-EZ, line 20	-1,595.

Form 990-EZ Occupancy, Rent, Utilities and Maintenance Statement 5

<u>Description</u>	<u>Amount</u>
Depreciation	11,383.
Other Expenses	9,531.
Total to Form 990-EZ, line 14	20,914.

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