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Form **990-EZ**

Department of the Treasury  
Internal Revenue Service

# 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)

▶ 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>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b>		<b>D Employer identification number</b>	
		Baxter County Farm Bureau		71-0362984	
		Number and street (or P O box, if mail is not delivered to street address)		Room/suite	<b>E Telephone number</b>
		P.O. Box 330			870-425-2991
City or town, state or country, and ZIP + 4		<b>F Group Exemption Number</b> ▶			
Mountain Home, AR 72653					

• 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  527  
**H Check** ▶  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**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** ▶ \$ **146,649.**

### 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	Contributions, gifts, grants, and similar amounts received																																										
	2	Program service revenue including government fees and contracts																																										
	3	Membership dues and assessments																																										
	4	Investment income																																										
	5a	Gross amount from sale of assets other than inventory																																										
	5b	Less cost or other basis and sales expenses																																										
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)																																										
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>																																										
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)																																										
	6b	Less direct expenses other than fundraising expenses																																										
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)																																											
7a	Gross sales of inventory, less returns and allowances																																											
7b	Less cost of goods sold																																											
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																																											
8	Other revenue (describe ▶ See Statement 3 )																																											
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8																																											
Expenses	10	Grants and similar amounts paid (attach schedule)																																										
	11	Benefits paid to or for members																																										
	12	Salaries, other compensation, and employee benefits																																										
	13	Professional fees and other payments to independent contractors																																										
	14	Occupancy, rent, utilities, and maintenance																																										
	15	Printing, publications, postage, and shipping																																										
	16	Other expenses (describe ▶ See Statement 1 )																																										
17	Total expenses. Add lines 10 through 16																																											
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																																										
	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)																																										
	20	Other changes in net assets or fund balances (attach explanation)																																										
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																																										

### 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	135,176.	22 160,897.
23	Land and buildings	102,095.	23 97,457.
24	Other assets (describe ▶ )		24
25	Total assets	237,271.	25 258,354.
26	Total liabilities (describe ▶ See Statement 2 )	18,311.	26 17,153.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	218,960.	27 241,201.

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

Form **990-EZ** (2008)

SCANNED JUL 29 2007

P 18

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III)	<b>Expenses</b> (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	
<b>28</b> <u>County Farm Bureau work is general in nature, helping farm families achieve educational improvements, economic opportunity, and social advancement.</u>	
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>
<b>29</b> _____	
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>
<b>30</b> _____	
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>
<b>31</b> Other program services (attach schedule)	
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>
<b>32</b> Total program service expenses (add lines 28a through 31a)	<b>32</b>

<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> 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
James Rhein PO Box 330, Mountain Home, AR 72653	President 0.50	0.	0.	0.
Mel Crawford P.O. Box 330, Mountain Home, AR 72653	Vice President 0.50	0.	0.	0.
Jackie Morrison P.O. Box 330, Mountain Home, AR 72653	Treasurer 0.50	0.	0.	0.
Josh Baker P.O. Box 330, Mountain Home, AR 72653	Member 0.50	0.	0.	0.
Robert Benedict P.O. Box 330, Mountain Home, AR 72653	Member 0.50	0.	0.	0.
Randy Bowker P.O. Box 330, Mountain Home, AR 72653	Member 0.50	0.	0.	0.
Todd Bradbury P.O. Box 330, Mountain Home, AR 72653	Member 0.50	0.	0.	0.
Lyn Cotter P.O. Box 330, Mountain Home, AR 72653	Member 0.50	0.	0.	0.
Robert Goforth P.O. Box 330, Mountain Home, AR 72653	Member 0.50	0.	0.	0.
Marlin Johnson P.O. Box 330, Mountain Home, AR 72653	Member 0.50	0.	0.	0.
Ron Kincade P.O. Box 330, Mountain Home, AR 72653	Member 0.50	0.	0.	0.
Jim Lowe PO Box 330, Mountain Home, AR 72653	Member 0.50	0.	0.	0.
Steve Luelf P.O. Box 330, Mountain Home, AR 72653	Member 0.50	0.	0.	0.
Raymond Moore P.O. Box 330, Mountain Home, AR 72653	Member 0.50	0.	0.	0.
Harold Morris P.O. Box 330, Mountain Home, AR 72653	Member 0.50	0.	0.	0.
Lawrence Page P.O. Box 330, Mountain Home, AR 72653	Member 0.50	0.	0.	0.
Roger Pitchford P.O. Box 330, Mountain Home, AR 72653	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		
35a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	X	
35b	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 <span style="float:right">▶ 37a</span> <u>0.</u>		
37b	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
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved		N/A
39	Section 501(c)(7) organizations Enter		
39a	Initiation fees and capital contributions included on line 9		N/A
39b	Gross receipts, included on line 9, for public use of club facilities		N/A
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <span style="float:right">▶</span> <u>N/A</u> , section 4912 <span style="float:right">▶</span> <u>N/A</u> , section 4955 <span style="float:right">▶</span> <u>N/A</u>		
40b	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
40c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">▶</span> <u>0.</u>		
40d	Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶</span> <u>0.</u>		
40e	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 <span style="float:right">▶</span> <u>None</u>		
42a	The books are in care of <span style="float:right">▶</span> <u>The Organization</u> Telephone no <span style="float:right">▶</span> <u>870-425-2991</u> Located at <span style="float:right">▶</span> <u>P.O. Box 330, Mountain Home, AR</u> ZIP + 4 <span style="float:right">▶</span> <u>72653</u>		
42b	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		X
42c	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> _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <span style="float:right">▶</span> <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">▶</span> <u>43</u> <span style="float:right">▶</span> <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.

- |   |     | Yes | No |
|---|-----|-----|----|
| 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 | 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	(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 <span style="float: right;">▶</span>				

- 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 <span style="float: right;">▶</span>		

**Sign Here** 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 Rhein* Date: *6-8-10*

Type or print name and title: *James Rhein, President*

**Paid Preparer's Use Only**

Preparer's signature: *Mark Bean 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.): 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		2,886.	
Telephone		5,113.	
Postage and shipping		3,411.	
Conf, conventions, etc.		6,744.	
Insurance		757.	
Advertising and Promotion		2,284.	
Youth and Safety		3,223.	
Miscellaneous		4,217.	
Depreciation		939.	
Total to Form 990-EZ, line 16		<u>29,574.</u>	

Form 990-EZ	Other Liabilities	Statement	2
<u>Description</u>		<u>Beg. of Year</u>	<u>End of Year</u>
Prepaid Membership		16,195.	15,265.
Payroll Liabilities		2,116.	1,888.
Total to Form 990-EZ, line 26		<u>18,311.</u>	<u>17,153.</u>

Form 990-EZ	Other Revenue	Statement	3
<u>Description</u>		<u>Amount</u>	
Insurance Service Fees		83,357.	
Royalty Income		603.	
Miscellaneous Income		6,257.	
Office Space - Mountain Home, AR		7,350.	
Total to Form 990-EZ, line 8		<u>97,567.</u>	

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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	4,097.
Other Expenses	13,397.
Total to Form 990-EZ, line 14	17,494.

FORM 990-EZ

Information Regarding Transfers  
Associated with Personal Benefit Contracts

Statement 5

- 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