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'etroactur Keunstaalmert'

990-EZ

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)

Sponsoning 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 \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

OMB No 1545-1150

2009

Open to Public Inspection

: C.3			the Treasury		5 sponsoring organizations of donor advised runds and controlling organizations as denner 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 assets less than \$1,250,000 at the end of the year may use this form	and total	· 0	pen to Public Inspection
\leq		_	ue Service 2009 calenda	rvear o	The organization may have to use a copy of this return to satisfy state reporting requirer tax year beginning , 2009, and endirections.			, 20
ည်	•			year, o	C Name of organization		or Idor	ntification number
70		Check if a		Please	ARKANSAS CROP PROTECTION ASSOC INC		-0399	
נב	>	Address cl	=	use IRS label or				
6	4 =	lame cha	•	print or	Number and street (or P O box, if mail is not delivered to street address)	suite E Telephi	one nur	nber
3	ļ ir	nitial retur		type. See	AE MOODY TANK	/5/	11145	4 0062
1.2 3174	יוב	eminated		Specific	45 WOODY LANE City or town, state or country, and ZIP + 4			4-9963
	⊒ _^	\mended		Instruc- tions.		F Group		lion
وي	<u>‡</u> ^	pplication		L	Cabot, AR 72023	Numbe		
84		Sec	tion 501(c)(3)	-	ations and 4947(a)(1) nonexempt charitable trusts must attach	G Accounting Me		X Cash Accrual
चं-€	-			a cor	npleted Schedule A (Form 990 or 990-EZ).	Other (specify		
THOUSE !	Ž					H Check ► X		
, je	gi v	Nebsite						nedule B (Form 990,
Ś					ly one) - X 501(c) (5) ◀ (insert no.) 4947(a)(1) or 527	990-EZ, or 99		
2				•	on is not a section 509(a)(3) supporting organization and its gross receip	•		an \$25,000 A
S					urn is not required, but if the organization chooses to file a return, be sure			
9	L A	\dd line			ne 9 to determine gross receipts; if \$500,000 or more, file Form 990 inste			70,646
ω	Pa	<u> </u>			enses, and Changes in Net Assets or Fund Balances		ons for	Part I)
14	Г				grants, and similar amounts received • • • • • • • • • • • • • • • • • • •		1	
O	- [21	(Fridgram) se	nvide rev	enue including government fees and contracts		2	17,225
		3	Membership	dues a	pd assessments · · · · · · · · · · · · · · · · · · ·		3	53,420
	16		phyestment		S		4	1
	- 1	5a	Gross amoi	int from	ale of assets other than inventory • • • • • • • 5a			
	- [L-6	Less cost o	r-other b	asia and sales expenses · · · · · · · · · · 5b			
	R.	G	GDEW\$	s Lta m s	ale of assets other than inventory (Subtract line 5b from line 5a) • • •		5c	
	e	6	Special events	and activit	es (complete applicable parts of Schedule G) If any amount is from garning, check he	ere 🕨		
	v e	a	Gross rever	nue (not	including \$ of contributions	_		
	n u		reported on	line 1)	6a			
	ē	Ь	Less: direct	expense	es other than fundraising expenses • • • • • • • 6b			
		ľ			from special events and activities (Subtract line 6b from line 6a) • • •		6c	
		l		, ,	tory, less returns and allowances • • • • • • • • • • 7a			······································
		l			sold · · · · · · · · · · · · · · · · · · ·			
		1		-	from sales of inventory (Subtract line 7b from line 7a)		7c	
		8	Other reven		_)	8	
		9		-	lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 • • • • • • • • • • • • •		9	70,646
		10			mounts paid (attach schedule)		10	4,450
		11			or members · · · · · · · · · · · · · · · · · · ·		11	
	E	12	-		pensation, and employee benefits		12	
	p e	13	•	•	d other payments to independent contractors • • • • • • • • • • • •		13	12,965
	e n	14			ities, and maintenance		14	
	S	15	• •		s, postage, and shipping		15	5,111
	e s	16	-		scribe STM130	,	16	42,772
		17	-	-	d lines 10 through 16		17	65,298
=		- —			r the year (Subtract line 17 from line 9)	th.	18	5,348
2 4 2014	Α	18	-	-	£ (174 mm	£4	10	5,340
	NS es	19			alances at beginning of year (from line 27, column (A)) (baust agree with	·H	40	17 007
- 23	t e		-	-	ported on prior year's return)	.	19	17,097
ن	ւ Ց	20			t assets or fund balances (attach explanation) · · · · · · · · · · · · · · · · · · ·		20	
Ξ		21			alances at end of year. Combine lines 18 through 20		21	22,445
SCAMMED DEC	<u> Pa</u>	art II	Balance					19U-EZ
ينا	_				(See the instructions for Part II.)	(A) Beginning of year		(B) End of year
Z	22		_		nents • • • • • • • • • • • • • • • • • • •	17,0	097 22	
===	23		and building		• • • • • • • • • • • • • • • • • • • •		23	
Č	24		r assets (des	cribe 🕨)		24	
Ũ	25		assets · ·	• • • •	••••••	17,0	097 25	
	26		liabilities (d				26	
	27	Net a	ssets or fun	d balanc	es (line 27 of column (B) must agree with line 21)	17,	097 27	22,445

	art III Statement of Program Service Accordates the organization's primary exempt purpose? PROMOTE			.)	 (Red	Expenses quired for 501(c)(3)
	scribe what was achieved in carrying out the organization's e				and	(4) organizations
	scribe the services provided, the number of persons benefited			titla	and	4947(a)(1) trusts, onal for others)
	Annual Crop Mgmt Conf resulted in agrit		ition for each program		Opin	l
20	retailers, growers, &crop protection manuf				1	
	personnel receiving educational info, tra					
		unt includes foreign grants			28a	
29	(Claims 4) It this allo	unt includes foreign grants	, check field		200	
~~						
	(Grants \$) If this amo	unt includes foreign grants	, check here • • • •	••••	29a	
30						
			· · · · · · · · · · · · · · · · · · ·			
21	(Grants \$) If this amo Other program services (attach schedule) • • • • • • •	unt includes foreign grants	check here · · ·		30a	
٠.		unt includes foreign grants			31a	
22	Total program service expenses (add lines 28a through 31		, check here		32	
	art IV List of Officers, Directors, Trustees, and Key En	- /				for Part IV)
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contributions employee benefit pla	to ans &	(e) Expense account and
.TA	SON KELLEY	devoted to position TREASURER	enter -0)	deferred compensa	ation	other allowances
	WOODY LANE CABOT AR, 72023	0			n	o
	HOOSE MAN CANOL AND TAKE		ļ			<u></u>
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					-	<u> </u>
			}	}		

For	n 990-EZ (2009) ARKANSAS CROP PROTECTION ASSOC INC 71-039	9496	1	Page :
Pa	Irt V Other Information (Note the statement requirements in the instructions for Part V)			т
			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	• • 33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of	1	1	
	the changes · · · · · · · · · · · · · · · · · · ·	• 34	<u> </u>	X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but	- 1		l
	not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section			
	6033(e) notice, reporting, and proxy tax requirements?	- 35a		X
þ	If "Yes," has it filed a tax return on Form 990-T for this year?	- 35b		ļ
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets		l	1
	during the year? If "Yes," complete applicable parts of Schedule N	- 36		_X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions • • • • • • 37a			
	Did the organization file Form 1120-POL for this year?	- 37b		X
38 a	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 period covered by this return?	- 38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved •••••••• 38b			
39	Section 501(c)(7) organizations Enter:			1
а	Initiation fees and capital contributions included on line 9 · · · · · · · · · · · · · · · · · 39a			1
	Gross receipts, included on line 9, for public use of club facilities • • • • • • • • • • • • • • • • • • •			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶; section 4912 ▶; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit			
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			
	person in a prior year, and that the transaction has not been reported on any of the organization's prior			
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	- 40b		L
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			! !
	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958 · · · · · · · · · · · · · · · · · · ·	_ '		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			1
	reimbursed by the organization • • • • • • • • • • • • • • • • • • •	_		i
6	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	40e		X
41	List the states with which a copy of this return is filed			
42 a	The organization's books are in care of ▶ JASON KELLEY Telephone no. ▶ 501-	454-9	963	
	Located at ▶ 47 WOODY LANE CABOT, AR ZIP+4 ▶ 72	023		
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		Yes	No
	account)?	42b		_X_
	If "Yes," enter the name of the foreign country			1
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		{	į
	and Financial Accounts.		_ [_ ,
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.? • • • • • • • • • • • • • • • • • • •	42c		<u>X</u>
	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	• • • •	• • •	L
	and enter the amount of tax-exempt interest received or accrued during the tax year • • • • • • • • • • • • • • • • • • •	<u>-</u>	_	
		_		
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		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	45		<u>X</u>
	EEA	Form 99	0-EZ (2	(2009

<u> art v</u>	501(c)(3) organizations and section 4947(a)(uoto Omy.			
	and complete the tables for lines 50 and 51							
46 Di	id the organization engage in direct or indirect polit	ical campaign activities on t	ehalf of or in oppos	sition to			Yes	No
ca	andidates for public office? If "Yes," complete Sche	edule C, Part I				46		
47 Di	id the organization engage in lobbying activities? If	f "Yes," complete Schedule	C, Part II			47		
48 Is	the organization a school as described in section 1	170(b)(1)(A)(۱۱) [?] If "Yes," co	nplete Schedule E			48		· · · · ·
49 a Di	d the organization make any transfers to an exemp	t non-charitable related org	anization? • • • •			49a		
b If	"Yes," was the related organization a section 527 o	rganization?				49b		
50 Co	omplete this table for the organization's five highes	t compensated employees (other than officers,	directors, truste	es and key			
en	nployees) who each received more than \$100,000	of compensation from the o	rganization. If there	e 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) Contribu employee bend deferred com	efit plans &		opense int and owances	s
	tal number of other employees paid over \$100,000		contractors who ea	ch received mo	re than			
\$1 ⁻	00,000 of compensation from the organization. If the compensation is the compensation of the compensation		(b) Тур	e of service	(c)	Compens	ation	
d Tot	tal number of other independent contractors each n	eceiving over \$100,000	• • •					
Sign Here	Under penalties of penury, I declare that I have exam and belies in a true, correct, and complete Declarate Signature of officer JASON KELLEY, TREASURER Type or print name and title							
Paid Preparer'	Preparer's signature CONNIE M CO		_21_2014 S	heck if eff- mployed X	Preparer's Identify	ying No (S	See inst) ——
Ise Only	Firm's name (or yours	RY ROAD STE 2		EIN	 			
Jilly	address, and ZIP + 4 BENTON, AR			Dhono as	501~315-	-0622		
lay the II	RS discuss this return with the preparer shown abo		• • • • • • •	Phone no		Yes	XN	
ay ule li	110 discuss this return with the preparer shown abo	. Oce manuchons						
			EEA		F	orm 990	اكد (21	uu s)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

➤ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number Name of the organization ARKANSAS CROP PROTECTION ASSOC INC 71-0399496 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d Type III-Other a Type I b Type II c Type III-Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) No and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? 11am (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (vii) Amount of (iv) is the organization (ii) EIN Type of organization (v) Did you notify (vi) Is the Name of supported organization in col organization in col (i) listed in your the organization in support (described on lines 1-9 (i) organized in the above or IRC section governing document? col (1) of your support? US? (see instructions) Yes Yes Yes

Part II

71-0399496 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I)

	tion A. Public Support				T		,
Calen	dar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf • • • • • • • • • • • • • • • • • • •						
3	The value of services or facilities furnished by a governmental unit to the organization without charge ••••••						
4	Total. Add lines 1 through 3				·		
5	The portion of total contributions by each						
	person (other than a governmental unit or						
	publicly supported organization) included						
	on line 1 that exceeds 2% of the amount		1				
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from In 4		<u> </u>	<u> </u>			
	tion B. Total Support		1 41.0000		1.0000	1 (1) 0000	10.7-1-1
	dar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 8	Amounts from line 4 · · · · · · · · · · · · · · · · · ·		-				
•	payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on •••••••						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 •						
12	Gross receipts from related activities, etc. (see instructions)	• • • • • • • •			· 12	
13	First five years. If the Form 990 is for the o organization, check this box and stop here	rganızatıon's first,	second, third, four	th, or fifth tax year	as a section 501(c)(3)	▶□
<u>Sec</u>	tion C. Computation of Public Su	pport Percer	ntage			· · · · · · · · · · · · · · · · · · ·	
14	Public support percentage for 2009 (line 6,	column (f) divided	by line 11, columi	1 (1))		- 14	<u>%</u>
15	Public support percentage from 2008 Sche					• [15]	%
16a	33 1/3% support test - 2009. If the organiza						
	and stop here. The organization qualifies a		•		in 22 1/20/ or mor		
D	33 1/3% support test - 2008. If the organiza						
474	box and stop here. The organization qualifit 10%-facts-and-circumstances test - 2009.				or 16h and line 1		• • • • • • • • • • • • • • • • • • •
17a							
	more, and if the organization meets the "facts-and-circumstation meets the "facts-and-						
			•		• •		• • • • • • • • • • • • • • • • • • •
b	10%-facts-and-circumstances test - 2008. more, and if the organization meets the "fac						
	organization meets the "facts-and-circumsta						
18	Private foundation. If the organization did i						•••••
	·				· · · · · · · · · · · · · · · · · · ·	Cabadda A /Farm	700 000 F70 0000

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you checked the	box on line 9 of	Part I)		,		
Se	ction A. Public Support				·		
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")			58,214	68,955	70,645	197,814
2	Gross receipts from admissions, merchandise sold or services performed, or faclities furnished in any activity that is related to the organization's tax-exempt purpose				37,555	70,010	237,024
3	Gross receipts from activities that are not an unrelated trade or bus. under sec 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf • • • • • • • • • • • • • • • • • • •						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5			58,214	68,955	70,645	197,814
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b · · · · · · · ·						
	Public support (Subtract line 7c from line 6.) • • • • • • • • • • • • • • • • • • •						197,814
	ction B. Total Support	(-) 0005	(L) 200C	(0) 2007	(4) 2000	(=) 2000	10 T-4-1
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007 58,214	(d) 2008 68, 955	(e) 2009 70,645	(f) Total 197,814
	Amounts from line 6			38,214	68,955	1	197,614
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b · · · · · · · · · · · · · · · · · · ·			14	4	1	19
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)						197,833
14	First five years. If the Form 990 is for the org organization, check this box and stop here	anization's first,	second, third, fourt	h, or fifth tax year as	a section 501(c)(3)) 	••••
	tion C. Computation of Public Su			(0)	· 1	45 1	00.00
15	Public support percentage for 2009 (line 8, co		-	('//	• • • • • • •	15	99.99 %
16	Public support percentage from 2008 Schedu			• • • • • • • • • •	•••••	16	%
<u>Sec</u> 17	ction D. Computation of Investmer Investment income percentage for 2009 (line	10c column (f)	ercentage divided by line 13-d	column (fl)		17	0.01 %
18	Investment income percentage from 2008 Sci				_	18	**************************************
19a	33 1/3% support tests - 2009. If the organizat	tion did not chec and stop here. T	ck the box on line 14 The organization qua	i, and line 15 is more alifies as a publicly si	than 33 1/3%, and upported organizat	line ion · · · · ·	····▶ 🕱
u	33 1/3% support tests - 2008. If the organizate line 18 is not more than 33 1/3%, check this beautiful to the control of the state of the control of the con	oox and stop he	re. The organization	n qualifies as a public	ly supported organ	nization ••••	• • • • □
20	Private Foundation: If the organization did no	ot check a box o	on line 14, 19a, or 19	b, check this box an	d see instructions		• • • • ▶ □

Name(s) as shown on retu	<u> </u>	Federal Supporting	Statements	2009 FEIN
	Grants	Form 990EZ, Part I, and Similar Amounts		Statement #122
Activity Grantee Address	SCHOLARSHIPS		<u>Amount</u> 3,400	Relationship
Activity Grantee Address	AWARDS		1,050	
		Total	4,450	
		Form QQAE7 Part T	Line 16	
Description CONFERENCE PAYROLL TA MEETINGS A SUPPLIES FROPHYS WEBSITE	E EXPENSE XES	Form 990EZ, Part I, Other Expenses Sche		0 7 4 3 5