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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 \$500,000 and total assets less than \$1,250,000 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

**2009**Open to Public  
Inspection**A For the 2009 calendar year, or tax year beginning****and ending**

- B** Check if applicable:
- ☐ Address change
- ☒ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type See Specific Instructions

**C Name of organization****ARKANSAS PEST CONTROL ASSN INC.****C/O ANNE FULLER**

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

**1500 MACON DRIVE**

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

**LITTLE ROCK, AR 72211**

Room/suite

**D-7****D Employer identification number****71-0645456****E Telephone number****501-224-4840****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:** ▶ **WWW.ARKANSASPEST.ORG****J Tax-exempt status** (check only one) — ☒ 501(c) ( **6** ) ◀ (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 Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ **\$ 65,083.**

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

<b>Revenue</b>	1	Contributions, gifts, grants, and similar amounts received	1	3,115.
	2	Program service revenue including government fees and contracts	2	45,985.
	3	Membership dues and assessments	3	14,400.
	4	Investment income	4	
	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)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ <input type="checkbox"/>		
	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 2 )	8	1,583.	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	65,083.	
<b>Expenses</b>	10	Grants and similar amounts paid (attach schedule)	10	3,000.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	36,400.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	1,563.
	16	Other expenses (describe ▶ SEE STATEMENT 1 )	16	31,211.
	17	<b>Total expenses.</b> Add lines 10 through 16	17	72,174.
<b>Net Assets</b>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-7,091.
	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	106,800.
	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	21	99,709.

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 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	106,800.	99,709.
23 Land and buildings		
24 Other assets (describe ▶ )		
25 <b>Total assets</b>	106,800.	99,709.
26 <b>Total liabilities</b> (describe ▶ )	0.	0.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	106,800.	99,709.

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For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

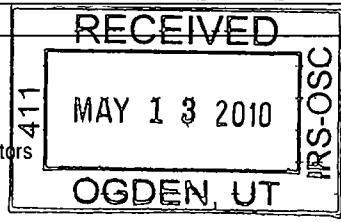
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Form **990-EZ** (2009)

14310505 781471 031795100

2009.03040 ARKANSAS PEST CONTROL ASSN 03179511

SCANNED JUN 17 2010



**ARKANSAS PEST CONTROL ASSN INC.**

Form 990-EZ (2009)

**C/O ANNE FULLER**

**71-0645456**

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<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III.)	<b>Expenses</b> <small>(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)</small>
What is the organization's primary exempt purpose? <b>PEST CONTROL RECERTIFICATION TRAINING</b>	
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, and other relevant information for each program title.	
<b>28 PROVIDES CONTINUING PROFESSIONAL EDUCATION FOR PROFESSIONAL RECERTIFICATION</b>	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a 37,416.</b>
<b>29 WORKS TO INCREASE AWARENESS OF OUR MEMBERS' SERVICES AMONG CONSUMERS</b>	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a 9,354.</b>
<b>30 KEEPS MEMBERS INFORMED ON POLICIES, REGULATIONS, AND LAWS THAT AFFECT THEIR BUSINESS</b>	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a 9,354.</b>
<b>31 Other program services (attach schedule)</b>	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>
<b>32 Total program service expenses (add lines 28a through 31a)</b>	<b>32 56,124.</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
ANNE FULLER, 1500 MACON DRIVE, STE D-7, LITTLE ROCK, AR 72211	EXECUTIVE DIRECTOR	8.00 0.	0.	0.
MARK HOPPER, P.O. BOX 2727, MOUNTAIN HOME, AR 72654	SECRETARY / TREASURER	0.00 0.	0.	0.
CHARLES HARTSELL, 701 S. TIMBERLANE DR., EL DORADO, AR 71730	PAST PRESIDENT	0.00 0.	0.	0.
PHIL BENNETT, 1623 HOT SPRINGS HWY., BENTON, AR 72015	PRESIDENT	0.00 0.	0.	0.
JERRY HYDE	STATE PLANT BOARD REP	0.00 0.	0.	0.
P.O. BOX 114, PARAGOULD, AR 72451	NORTHWEST DIRECTOR	0.00 0.	0.	0.
DALLAS HOPPER, P.O. BOX 2727, MOUNTAIN HOME, AR 72654	NORTHEAST DIRECTOR	0.00 0.	0.	0.
BOBBIE HYDE	CENTRAL DIRECTOR	0.00 0.	0.	0.
P.O. BOX 110, WALNUT RIDGE, AR 72476	SOUTHWEST DIRECTOR	0.00 0.	0.	0.
GLYNN ADAMS, 12324 STAGECOCH RD., LITTLE ROCK, AR 72210	SOUTHEAST DIRECTOR	0.00 0.	0.	0.
PAT BENNETT	DIRECTOR - AT LARGE	0.00 0.	0.	0.
P.O. BOX 1041, HOPE, AR 71802	DIRECTOR - AT LARGE	0.00 0.	0.	0.
JOHN FORCE	DIRECTOR - AT LARGE	0.00 0.	0.	0.
167 LAYFAYETTE 126, STAMPS, AR 71860	VICE PRESIDENT	0.00 0.	0.	0.
JUSTIN MCCAULEY, 1623 HOT SPRINGS HWY., BENTON, AR 72015	DIRECTOR - AT LARGE	0.00 0.	0.	0.
SHANNON HYDE-PRINCE	DIRECTOR - AT LARGE	0.00 0.	0.	0.
P.O. BOX 114, PARAGOULD, AR 72451	DIRECTOR - AT LARGE	0.00 0.	0.	0.
STEVE ADAMS, 12324 STAGECOCH RD., LITTLE ROCK, AR 72210	ALLIED MEMBER REPRESENTATIVE	0.00 0.	0.	0.
RANDY WEST				
P.O. BOX 5249, BELLE VISTA, AR 72714				
WAYMON LONG				
P.O. BOX 3943, BATESVILLE, AR 72501				
BETH GOLDEN				
P.O. BOX 381017, GERMANTOWN, TN 38133				

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

	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>X</b>
<b>34</b> Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		<b>X</b>
<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 why the organization did not report the income on Form 990-T.		
<b>a</b> 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?	<b>X</b>	
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	<b>X</b>	
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N		<b>X</b>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. <span style="float: right;">▶ <b>37a</b> <u>0.</u></span>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		<b>X</b>
<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 outstanding at the end of the period covered by this return?		<b>X</b>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved	<b>38b</b> <u>N/A</u>	
<b>39</b> Section 501(c)(7) organizations. Enter:	<b>39a</b> <u>N/A</u>	
<b>a</b> Initiation fees and capital contributions included on line 9	<b>39b</b> <u>N/A</u>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities		
<b>40a</b> 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>b</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	<b>40b</b> <u>N/A</u>	
<b>c</b> 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 <span style="float: right;">▶ <u>N/A</u></span>		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <span style="float: right;">▶ <u>N/A</u></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>	<b>X</b>
<b>41</b> List the states with which a copy of this return is filed. ▶ <u>AR</u>		
<b>42a</b> The organization's books are in care of ▶ <u>ANNE FULLER</u> Telephone no. ▶ <u>(501) 224-4840</u>		
Located at ▶ <u>1500 MACON DR., STE D-7, LITTLE ROCK, AR</u> ZIP + 4 ▶ <u>72211</u>		
<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)?	<b>42b</b>	<b>X</b>
If "Yes," enter the name of the foreign country: ▶ _____		
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.?	<b>42c</b>	<b>X</b>
If "Yes," enter the name of the foreign country: ▶ _____		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - 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> <u>N/A</u></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>	<b>X</b>
<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>	<b>X</b>

Form 990-EZ (2009)

**Part VI** **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b 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 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 a section 527 organization?
- 50** Complete this table for the organization's 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
<b>46</b>		
<b>47</b>		
<b>48</b>		
<b>49a</b>		
<b>49b</b>		

(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				

- f** Total number of other employees paid over \$100,000
- 51** Complete this table for the organization's 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		

- d** Total number of other independent contractors each receiving over \$100,000

**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: Anne Fuller Date: 5/6/10

Type or print name and title: Anne Fuller, Executive Director

**Paid Preparer's Use Only** Preparer's signature: Dezh Date: 5/6/10 Check if self-employed: ☐ Preparer's identifying number (See instr.): EIN

Firm's name (or yours if self-employed), address, and ZIP + 4: JPMS COX, PLLC  
11300 CANTRELL ROAD, SUITE 301  
LITTLE ROCK, ARKANSAS 72212 Phone no.: 501-227-5800

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

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FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
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DESCRIPTION	AMOUNT
ANNUAL CONVENTION	22,286.
BANK CHARGES	166.
BOARD MEETING	160.
INSURANCE	1,426.
OFFICE EXPENSE	1,131.
TRAVEL AND MEETINGS	3,213.
WEBSITE SERVICES	1,997.
MEMBERSHIP EXPENSE	832.
TOTAL TO FORM 990-EZ, LINE 16	31,211.

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FORM 990-EZ	OTHER REVENUE	STATEMENT	2
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DESCRIPTION	AMOUNT
INTEREST	31.
ADVERTISING	1,552.
TOTAL TO FORM 990-EZ, LINE 8	1,583.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 3

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