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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)

OMB No 1545-1150

2009

Open to Public Inspection

▶ 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.*

A For the **2009** calendar year, or tax year beginning **NOV 1, 2009** and ending **OCT 31, 2010**

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

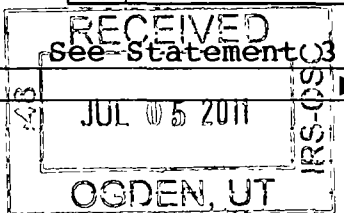
J Tax-exempt status (check only one) — 501(c) (**5**) ◀ (insert no) 4947(a)(1) or 527

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.

L 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 ▶ \$ **142,199.**

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

	1 Contributions, gifts, grants, and similar amounts received			
	2 Program service revenue including government fees and contracts			
	3 Membership dues and assessments			46,619.
	4 Investment income			1,531.
	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 ▶ _____)		8	94,049.
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9	142,199.
Expenses	10 Grants and similar amounts paid (attach schedule)		10	
	11 Benefits paid to or for members		11	
	12 Salaries, other compensation, and employee benefits		12	73,103.
	13 Professional fees and other payments to independent contractors		13	600.
	14 Occupancy, rent, utilities, and maintenance	See Statement 4	14	16,427.
	15 Printing, publications, postage, and shipping		15	2,919.
	16 Other expenses (describe ▶ _____)	See Statement 1)	16	30,143.
	17 Total expenses. Add lines 10 through 16		17	123,192.
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)		18	19,007.
	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	241,201.
	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	260,208.



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		160,897.	22	181,654.
23	Land and buildings		97,457.	23	92,784.
24	Other assets (describe ▶ Accounts Receivable)		0.	24	356.
25	Total assets		258,354.	25	274,794.
26	Total liabilities (describe ▶ See Statement 2)		17,153.	26	14,586.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		241,201.	27	260,208.

SCANNED JUL 14 2011 Revenue

P 5

Part III Statement of Program Service Accomplishments (See the instructions for Part III)	Expenses
What is the organization's primary exempt purpose? Agricultural Promotion	(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)
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.	
28 <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"/>	28a
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
James Rhein	President			
P.O. Box 330, Mountain Home, AR 72653	0.50	0.	0.	0.
Raymond Moore	Vice President			
P.O. Box 330, Mountain Home, AR 72653	0.50	0.	0.	0.
Jackie Morrison	Treasurer			
P.O. Box 330, Mountain Home, AR 72653	0.50	0.	0.	0.
Elliot Golmon	Secretary			
P.O. Box 330, Mountain Home, AR 72653	0.50	0.	0.	0.
Josh Baker	Member			
P.O. Box 330, Mountain Home, AR 72653	0.50	0.	0.	0.
Randy Bowker	Member			
P.O. Box 330, Mountain Home, AR 72653	0.50	0.	0.	0.
Todd Bradbury	Member			
P.O. Box 330, Mountain Home, AR 72653	0.50	0.	0.	0.
Lyn Cotter	Member			
P.O. Box 330, Mountain Home, AR 72653	0.50	0.	0.	0.
Mel Crawford	Member			
P.O. Box 330, Mountain Home, AR 72653	0.50	0.	0.	0.
Robert Goforth	Member			
P.O. Box 330, Mountain Home, AR 72653	0.50	0.	0.	0.
Marlin Johnson	Member			
P.O. Box 330, Mountain Home, AR 72653	0.50	0.	0.	0.
Ron Kincade	Member			
P.O. Box 330, Mountain Home, AR 72653	0.50	0.	0.	0.
Steve Luelf	Member			
P.O. Box 330, Mountain Home, AR 72653	0.50	0.	0.	0.
Harold Morris	Member			
P.O. Box 330, Mountain Home, AR 72653	0.50	0.	0.	0.
Lawrence Page	Member			
P.O. Box 330, Mountain Home, AR 72653	0.50	0.	0.	0.
Roger Pitchford	Member			
P.O. Box 330, Mountain Home, AR 72653	0.50	0.	0.	0.

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

		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? 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 why the organization did not report the income on Form 990-T.		
35a	a 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?	X	
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?	X	
36	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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions		0.
37b	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 outstanding at the end of the period covered by this return?		X
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved		N/A
39	Section 501(c)(7) organizations Enter		
39a	a Initiation fees and capital contributions included on line 9		N/A
39b	b 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		N/A
40b	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		N/A
40c	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		N/A
40d	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		N/A
40e	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		None
42a	The organization's books are in care of		The Organization
	Located at		P.O. Box 330, Mountain Home, AR
	Telephone no		870-425-2991
	ZIP + 4		72653
42b	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)?		X
	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.		
42c	c At any time during the calendar year, did the organization maintain an office outside of the U S ?		X
	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 and enter the amount of tax-exempt interest received or accrued during the tax year		N/A
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 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
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

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 N/A	(b) Type of service	(c) Compensation

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.

James Rhen Signature of officer 6-28-11 Date

James Rhen - President Type or print name and title

Paid Preparer's Use Only

Preparer's signature: *Maie K Bean CPA* Date: *6/1/11* 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		2,661.	
Telephone		5,159.	
Conf, conventions, etc.		11,114.	
Insurance		779.	
Youth and Safety		6,704.	
Miscellaneous		1,909.	
Travel		1,238.	
Depreciation		579.	
Total to Form 990-EZ, line 16		<u>30,143.</u>	

Form 990-EZ	Other Liabilities	Statement	2
<u>Description</u>	<u>Beg. of Year</u>	<u>End of Year</u>	
Prepaid Membership	15,265.	13,390.	
Payroll Liabilities	1,888.	1,196.	
Total to Form 990-EZ, line 26	<u>17,153.</u>	<u>14,586.</u>	

Form 990-EZ	Other Revenue	Statement	3
<u>Description</u>		<u>Amount</u>	
Insurance Service Fees		85,439.	
Royalty Income		607.	
Miscellaneous Income		553.	
Office Space- Mountain Home, AR		7,450.	
Total to Form 990-EZ, line 8		<u>94,049.</u>	

Form 990-EZ Occupancy, Rent, Utilities and Maintenance Statement 4

<u>Description</u>	<u>Amount</u>
Depreciation	4,093.
Other Expenses	12,334.
Total to Form 990-EZ, line 14	16,427.

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