



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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 **NOV 1, 2009** and ending **OCT 31, 2010**

**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**Izard County Farm Bureau**

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

**P.O. Box 218**

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

**Melbourne, AR 72556****D** Employer identification number**71-6059991****E** Telephone number**870-368-7368****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: ▶ **N/A****J** Tax-exempt status (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 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 ▶ **\$ 66,078.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>1</b>	
<b>2</b>	Program service revenue including government fees and contracts	<b>2</b>	
<b>3</b>	Membership dues and assessments	<b>3</b>	<b>20,999.</b>
<b>4</b>	Investment income	<b>4</b>	<b>1,205.</b>
<b>5a</b>	Gross amount from sale of assets other than inventory	<b>5a</b>	
<b>b</b>	Less cost or other basis and sales expenses	<b>5b</b>	
<b>c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
<b>6</b>	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
<b>a</b>	Gross revenue (not including \$ _____ of contributions reported on line 1)	<b>6a</b>	
<b>b</b>	Less direct expenses other than fundraising expenses	<b>6b</b>	
<b>c</b>	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b>	
<b>7a</b>	Gross sales of inventory, less returns and allowances	<b>7a</b>	
<b>b</b>	Less cost of goods sold	<b>7b</b>	
<b>c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	
<b>8</b>	Other revenue (describe ▶ <b>See Statement 3</b> )	<b>8</b>	<b>43,874.</b>
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<b>9</b>	<b>66,078.</b>
<b>10</b>	Grants and similar amounts paid (attach schedule)	<b>10</b>	
<b>11</b>	Benefits paid to or for members	<b>11</b>	
<b>12</b>	Salaries, other compensation, and employee benefits	<b>12</b>	<b>23,892.</b>
<b>13</b>	Professional fees and other payments to independent contractors	<b>13</b>	<b>600.</b>
<b>14</b>	Occupancy, rent, utilities, and maintenance	<b>14</b>	<b>6,569.</b>
<b>15</b>	Printing, publications, postage, and shipping	<b>15</b>	<b>1,394.</b>
<b>16</b>	Other expenses (describe ▶ <b>See Statement 1</b> )	<b>16</b>	<b>24,203.</b>
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	<b>56,658.</b>
<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	<b>9,420.</b>
<b>19</b>	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)	<b>19</b>	<b>150,898.</b>
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>	
<b>21</b>	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	<b>21</b>	<b>160,318.</b>

**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
<b>22</b> Cash, savings, and investments	<b>141,449.</b>	<b>152,848.</b>
<b>23</b> Land and buildings	<b>18,902.</b>	<b>16,139.</b>
<b>24</b> Other assets (describe ▶ <b>Accounts Receivable</b> )	<b>257.</b>	<b>119.</b>
<b>25</b> <b>Total assets</b>	<b>160,608.</b>	<b>169,106.</b>
<b>26</b> <b>Total liabilities</b> (describe ▶ <b>See Statement 2</b> )	<b>9,710.</b>	<b>8,788.</b>
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	<b>150,898.</b>	<b>160,318.</b>

932171  
02-08-10

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

Form **990-EZ** (2009)RECEIVED  
JUL 18 2011  
OGDEN, UT  
RS-OSC

206

**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 County Farm Bureau work is general in nature, helping farm families achieve educational improvements, economic opportunity, and social advancement.(Grants \$ ) If this amount includes foreign grants, check here ☐ 28a

29

(Grants \$ ) If this amount includes foreign grants, check here ☐ 29a

30

(Grants \$ ) If this amount includes foreign grants, check here ☐ 30a

31 Other program services (attach schedule)

(Grants \$ ) If this amount includes foreign grants, check here ☐ 31a32 **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
Alvin Wiles	President			
P.O. Box 218, Melbourne, AR 72556	0.50	0.	0.	0.
Collie Shaw	1st Vice President			
P.O. Box 218, Melbourne, AR 72556	0.50	0.	0.	0.
Kendall Morrison	Vice President			
P.O. Box 218, Melbourne, AR 72556	0.50	0.	0.	0.
Benny Banning	Secretary/Treasurer			
P.O. Box 218, Melbourne, AR 72556	0.50	0.	0.	0.
Ronald Jones	Secretary/Treasurer			
P.O. Box 218, Melbourne, AR 72556	0.50	0.	0.	0.
Tom Bailey	Member			
P.O. Box 218, Melbourne, AR 72556	0.50	0.	0.	0.
Paul Cooper	Member			
P.O. Box 218, Melbourne, AR 72556	0.50	0.	0.	0.
Mike Davis	Member			
P.O. Box 218, Melbourne, AR 72556	0.50	0.	0.	0.
Connie Everett	Member			
P.O. Box 218, Melbourne, AR 72556	0.50	0.	0.	0.
Rayburne Finley	Member			
P.O. Box 218, Melbourne, AR 72556	0.50	0.	0.	0.
Darrell Killian	Member			
P.O. Box 218, Melbourne, AR 72556	0.50	0.	0.	0.
Hayden Phillips	Member			
P.O. Box 218, Melbourne, AR 72556	0.50	0.	0.	0.
Ray Plumlee	Member			
P.O. Box 218, Melbourne, AR 72556	0.50	0.	0.	0.
George W. Smith	Member			
P.O. Box 218, Melbourne, AR 72556	0.50	0.	0.	0.
Michael Warden	Member			
P.O. Box 218, Melbourne, AR 72556	0.50	0.	0.	0.
Noble Wiles	Member			
P.O. Box 218, Melbourne, AR 72556	0.50	0.	0.	0.
Tommy Wren	Member			
P.O. Box 218, Melbourne, AR 72556	0.50	0.	0.	0.

**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		X
<b>34</b> Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
<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?	X	
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?	X	
<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		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <span style="float:right">▶ <b>37a</b> 0.</span>		
<b>b</b> Did the organization file Form 1120-POL for this year?		X
<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?		X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float:right"><b>38b</b> N/A</span>		
<b>39</b> Section 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 <span style="float:right"><b>39a</b> N/A</span>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <span style="float:right"><b>39b</b> N/A</span>		
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <span style="float:right">▶ N/A</span> , section 4912 <span style="float:right">▶ N/A</span> , section 4955 <span style="float:right">▶ N/A</span>		
<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		N/A
<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">▶ N/A</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">▶ N/A</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		X
<b>41</b> List the states with which a copy of this return is filed <span style="float:right">▶ None</span>		
<b>42a</b> The organization's books are in care of <span style="float:right">▶ The Organization</span> Telephone no <span style="float:right">▶ 870-368-7368</span> Located at <span style="float:right">▶ P.O. Box 218, Melbourne, AR</span> ZIP + 4 <span style="float:right">▶ 72556</span>		
<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)? 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
<b>c</b> 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
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - 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> N/A</span>		
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
<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		X

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
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				

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."

N/A

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d 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: Signature of officer: *Donald E. Jones* Date: 6-22-11

Type or print name and title: \_\_\_\_\_

Paid Preparer's Use Only: Preparer's signature: *Maria K. Bean, CPA* Date: 6/16/11 Check if self-employed: ☐ Preparer's identifying number (See instr.): \_\_\_\_\_

Firm's name (or yours if self-employed): Thomas & Thomas LLP  
address, and ZIP + 4: 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
Description		Amount	
Supplies		865.	
Telephone		3,678.	
Conf, conventions, etc.		9,210.	
Insurance		176.	
Advertising and Promotion		3,505.	
Youth and Safety		4,008.	
Miscellaneous		2,407.	
Depreciation		354.	
Total to Form 990-EZ, line 16		24,203.	

Form 990-EZ	Other Liabilities	Statement	2
Description	Beg. of Year	End of Year	
Prepaid Membership	8,906.	8,144.	
Payroll Liabilities	804.	644.	
Total to Form 990-EZ, line 26	9,710.	8,788.	

Form 990-EZ	Other Revenue	Statement	3
Description		Amount	
Insurance Service Fees		41,094.	
Royalty Income		441.	
Miscellaneous Income		239.	
Office Space- Melbourne, AR		2,100.	
Total to Form 990-EZ, line 8		43,874.	

---

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

---

Description	Amount
Depreciation	2,409.
Other Expenses	4,160.
Total to Form 990-EZ, line 14	6,569.

---

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