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Form **990-E**Ž Department of the Treasury

Internal Revenue Service

OMB No 1545-1150

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, organizations that operate one or more hospital facilities, and certain controlling
organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total
assets less than \$500,000 at the part of the year may use this form
The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

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Impair telum Imp	В	Check if applicat	C Name of organization				D Employer	identification number			
Number and street (or P.D. box, of mail is not delivered to street address)		Addr	ress change ARKANSAS PEST CONTROL ASSN INC	c.							
Number and street (or P.D. box, of mail is not delivered to street address)		Name	e change C/O ANNE FULLER								
Investment natural Only of town, state or country, and ZIP + 4 Forup Exemption Number Numbe		 Initial	Number and street (or P.O. box, if mail is not delivered to street addr	ress)		Room/suite					
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Tax-exempt status (check only one)											
K Check				ert no.)	4947(a)(1) or 527	1 '				
Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L Add lines 55, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II), line 25, column (8) below) are \$500,000 or more, file Form 990-R22. S 89 , 328 . Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I). Check if the organization used Schedule 0 to respond to any question in this Part I 1 Contributions, pits, grants, and similar amounts received 2 Program service revenue including operation extended in the part of the organization used Schedule 0 to respond to any question in this Part I 2 Formal Revenue, Expenses, and seales expenses 3 18 , 188 . 4 Investment income 5 Gross amount from sale of assets other than inventory 5 Less; cost or other basis and sales expenses 6 Garnor (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Garming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Class direct expenses, from gaming (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less direct expenses, from gaming and fundraising events (so the fundraising events (so the fundraising events) Ge Contributions (so the fundraising events			·								
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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 (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 123,218.	_	+		···		•					
21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 123, 218.	ets	1					10	23,303.			
21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 123, 218.	\SS	19					10	99 709			
21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 123, 218.	et 7	20									
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	П	.1					F L1				

032171 02-02-11

PREANNED AUG .



71-0645456 Page 2

Part II Balance Sneets. (see the instructions for Part II.)					
Check if the organization used Schedule O to respond to any question		A) Beginning of year	· · · · ·	/D) E	nd of year
22 Cash, savings, and investments	 '	99,709	22		123,218.
23 Land and buildings		33,103	23		123,210.
24 Other assets (describe in Schedule 0)			24	-	
25 Total assets		99,709			123,218.
26 Total liabilities (describe in Schedule 0)		0.	_		0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		99,709			123,218.
Part III Statement of Program Service Accomplishme	nts (see the instructions for	Part III.)	<u>-, -, </u>		penses
Check if the organization used Schedule O to respond to any question	n in this Part III	•		Required	for section
What is the organization's primary exempt purpose?PEST CONTROL I		N TRAINING	3 3	oU1(C)(3) organizatir	and 501(c)(4) ons and section
Describe what was achieved in carrying out the organization's exempt pu	poses In a clear and cond	ise manner, describ	oe l	4947(a)(1) trusts; optional
the services provided, the number of persons benefited, and other relevant	nt information for each pro-	gram title	1	for others.	.)
28 PROVIDES CONTINUING PROFESSIONAL EI	UCATION FOR	. 			
PROFESSIONAL RECERTIFICATION	<u> </u>				
(Grants \$) If this amount includes foreign				!8a	
29 WORKS TO INCREASE AWARENESS OF OUR	MEMBERS' SERV	VICES AMONO	<u>3</u>	İ	
CONSUMERS			_		
			<u> </u>		
(Grants \$) If this amount includes foreign			2	!9a	
30 KEEPS MEMBERS INFORMED ON POLICIES	REGULATIONS,	AND LAWS			
THAT AFFECT THEIR BUSINESS				- 1	
(Cronto C			<u>با</u>		
(Grants \$) If this amount includes foreign 31 Other program services (describe in Schedule O)	grants, check here	<u></u>	3	10a	
(Grants \$) If this amount includes foreign	grante chock horo	_	┌ ा 。	1a	
32 Total program service expenses (add lines 28a through 31a)	grants, check here			32	
Part IV List of Officers, Directors, Trustees, and Key I	Employees. List each one e	ven if not compensated (s	ee the in	structions f	or Part IV)
Check if the organization used Schedule O to respond to any question		,-			X
	(b) Title and average hours	(c) Compensation		ntributions	(e) Expense
(a) Name and address	per week devoted to	(If not paid, enter		nployee t plans &	account and
	position	-0)		erred ensation	other allowances
ANNE FULLER, 1500 MACON DRIVE, STE	EXECUTIVE DIF	ECTOR			
D-7, LITTLE ROCK, AR 72211	8.00	0.		0.	0.
BOB BALHORN, 10515 W. MARKHAM, STE	LOBBYIST				
D4, LITTLE ROCK, AR 72205	0.00	0.		0.	0.
BOBBIE HYDE	DIRECTOR - RE			_	
P.O. BOX 110, WALNUT RIDGE, AR 72476	0.00	0.		0.	0.
CHARLES HARTSELL, 701 S. TIMBERLANE	MEMBER AT LAF	I I		•	
DR., EL DORADO, AR 71730	0.00	0.		0.	0.
DALLAS HOPPER, P.O. BOX 2727, MOUNTAIN HOME, AR 72654	DIRECTOR - RE	0.		0.	
DAVID HOPPER, P.O. BOX 2727,	SCHOLARSHIP C	+			0.
MOUNTAIN HOME, AR 72654	0.00	0.		0.	0.
DENNIS DYKES, 1925 W. JOHN CARPENTER	ALLIED MEMBER	· · · · · · · · · · · · · · · · · · ·	דידימיו		0.
FWY #525, IRVING, TX 75063	0.00	0.	LMII	0.	0.
GLYNN ADAMS, 12324 STAGECOCH RD.,	DIRECTOR - RE				· ·
LITTLE ROCK, AR 72210	0.00	0.		0.	0.
JERRY HYDE	STATE PLANT E	1			
P.O. BOX 114, PARAGOULD, AR 72451	0.00	0.		0.	0.
JOHN FORCE	DIRECTOR - RE				
167 LAFAYETTE 126, STAMPS, AR 71860	0.00	0.		0.	0.
JUSTIN MCCAULEY, 1623 HOT SPRINGS	VICE PRESIDEN	ήr			
HWY., BENTON, AR 72015	0.00	0.		0.	0.
MARILYN PORTERFIELD, 1500 MACON	MEMBER SVCS/M	1 (INN		
DRIVE, STE D-7, LITTLE ROCK, AR	0.00	0.		0.	
032172 02-02-11				Form	990-EZ (2010)

Page 3

	Check if the organization used Schedule O to respond to any question in this Part V		,	X		
	·		Yes	No		
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in					
	Schedule 0	33		X		
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended					
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		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, explain in Schedule O why the organization did not report the income on Form 990-T.			ļ		
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or					
	501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X	ļ		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	X	ļ		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			1		
	complete applicable parts of Schedule N	36		X		
	Enter amount of political expenditures, direct or indirect, as described in the instructions.	4				
	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 tax year covered by this return?	38a		X		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	_				
39	Section 501(c)(7) organizations. Enter:					
a	Initiation fees and capital contributions included on line 9 39a N/A	1				
þ	Gross receipts, included on line 9, for public use of club facilities 39b N/A	_				
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:					
	section 4911 \blacktriangleright N/A; section 4912 \blacktriangleright N/A; section 4955 \blacktriangleright N/A					
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 did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ?					
	If "Yes," complete Schedule L, Part I	40b	N/	A		
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers	1				
	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 reimbursed by the					
	organization N/A					
е	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	L	X		
41	List the states with which a copy of this return is filed. AR					
42 a	The organization's books are in care of ► ANNE FULLER Telephone no. ► (501)	224		40		
	Located at ► 1500 MACON DR., STE D-7, LITTLE ROCK, AR ZIP+4 ►	7221	1			
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:					
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.					
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	L	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	·			
			Yes	No		
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			X		
	Form 990-EZ					
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	1		Х		
	of Form 990-EZ					
	Did the organization receive any payments for indoor tanning services during the year?	44c		X		
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation		1			
	ın Schedule O	44d	L	oxdot		
		Form 9	90-EZ	(2010)		

F	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			CONTROL AS	SN INC.			4-6		Dogo 4
FOIII	990-EZ (2	2010) C/O ANNE	FULLER	<u> </u>		.	71-0645	456	Yes	Page 4 No
45	ls any rel	ated organization a controlled	entity of the or	ganization within th	ne meaning of section 512(b)	(13)?		45	163	X
	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? 1 Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 1 Tyes, Form 990 and Schedule R may need to be completed instead of Form 990-EZ							10		-
								45a		X_
			indirectly, in po	olitical campaign activ	ities on behalf of or in opposition	n to candidates for pu	blic office?			
		omplete Schedule C, Part I			10.47()(4)			46		X
Pai					1947(a)(1) nonexempt must answer questions 47-49b a		-		•	
		Check if the organization used		•	•	and 52, and complete	the tables for i	nes ou	anu 5	<u>"</u>
-	_	onedit ii ino organization ood	001100010 0 10	respond to any quest	on in this i dit vi				Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II									
	is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E									<u></u>
		ganization make any transfers	•		organization?			49a	ļ	<u> </u>
		as the related organization a s	-		/akha. kha aff			49b		<u> </u>
		this table for the organization 0,000 of compensation from th			es (other than officers, directors	s, trustees and key en	npioyees) who (eacn re	ceivea	more
	ιπαπ φτο	3,000 or compensation from the	ic organization.	in there is none, enter	(b) Title and average hours	(c) Compensation	(d) Contribution	s ((e) Expe	ense
		(a) Name and address of eac	h employee pa	id more	per week devoted to	(6,,	to employee benefit plans &	300011		and
		than \$100	, ⁰⁰⁰ N/2	4	position		deferred compensation	oth	er allov	vances
					_					
					-					
										
	Total nun	nber of other employees paid o	ver \$100 000							
				ompensated indepen	dent contractors who each recer	ved more than \$100,	000 of compens	sation	from th	e
		ion. If there is none, enter "Nor	_				·			
		(a) Name and address of each	ch independent	contractor paid more	than \$100,000	(b) Type of ser	vice i	c) Cor	npensa	tion
						-				
-										
		· · · · · · · · · · · · · · · · · · ·								
	•									
-										
	Total nun	nber of other independent con	tractors each re	ceiving over \$100.00	0	-				
		•		• .	nizations and 4947(a)(1) nonexe	empt	-			
	charitable	trusts must attach a complete	d Schedule A			·		Y	es 🗀	□ No
	a	orrect, and complete Declaration of	oreparer (other the	an officer) is based on all	ccompanying schedules and statemen information of which preparer has any	its, and to the best of my knowledge	knowledge and b	elief, it i	s true,	
Sigr	1 D	Signature of officer					Date			
Her	e <u>`</u>	11 / want	1/2	Corr	rtaru	10	15 VI			
		Type or print same and title	07/	300	in y		10-1			
		Print/Type preparer's name	1	Preparer's signatur	e Date	Check [] if PTIN			
Paid	t		•		. 0	/a // self- employed				2
-	parer	MICHELLE MANN	· · · · · · · · · · · · · · · · · · ·	muchel	le mano 6/	- 1//	ro	060	148	<u>ර</u>
Use	Only	Firm's name JPMS		LLC	CUITE 221	Firm's EIN			F ^ ^	
		Firm's address > 1130		RELL ROAD,		Phone no.	501-2	27-	-580	U
May t	he IBS de	scuss this return with the prep		K, AR 7221	. 4		<u> </u>	ΧY	es	No
032174 03-04-	4	The second state of the property of the proper		000	·				990-EZ	

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization ARKANSAS PEST CONTROL ASSN INC.

C/O ANNE FULLER

Employer identification number 71-0645456

ADVERTISING 3,966. ACCRUAL TO CASH CONVERSION 6,500. TOTAL TO FORM 990-EZ, LINE 8 11,642. FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES: AMOUNT: ANNUAL CONVENTION 17,845. BANK CHARGES 339. BOARD MEETING 113. INSURANCE 900. OFFICE EXPENSE 986. TRAVEL AND MEETINGS 2,297. WEBSITE SERVICES 580. MEMBERSHIP EXPENSE 1,823. SCHOOL EXPENSE 10,306. LEGISLATIVE EXPENSE 8.	C/O ARNE TODDER	11-0043430
1,175.	FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:	
ADVERTISING 3,966. ACCRUAL TO CASH CONVERSION 6,500. TOTAL TO FORM 990-EZ, LINE 8 11,642. FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES: AMOUNT: ANNUAL CONVENTION 17,845. BANK CHARGES 339. BOARD MEETING 113. INSURANCE 900. OFFICE EXPENSE 986. TRAVEL AND MEETINGS 2,297. WEBSITE SERVICES 580. MEMBERSHIP EXPENSE 1,823. SCHOOL EXPENSE 10,306. LEGISLATIVE EXPENSE 8. TOTAL TO FORM 990-EZ, LINE 16 35,197. FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT. LITA FOR Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2010) Schedule O (Form 990 or 990-EZ) (2010)	DESCRIPTION OF OTHER REVENUE:	AMOUNT:
ACCRUAL TO CASH CONVERSION 6,500. TOTAL TO FORM 990-EZ, LINE 8 11,642. FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES: AMOUNT: ANNUAL CONVENTION 17,845. BANK CHARGES 339. BOARD MEETING 113. INSURANCE 900. OFFICE EXPENSE 986. TRAVEL AND MEETINGS 2,297. WEBSITE SERVICES 580. MEMBERSHIP EXPENSE 1,823. SCHOOL EXPENSE 10,306. LEGISLATIVE EXPENSE 8. TOTAL TO FORM 990-EZ, LINE 16 35,197. FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, RECEIVE ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT. LIM For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2010)	INTEREST	1,176.
TOTAL TO FORM 990-EZ, LINE 8 11,642. FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES: AMOUNT: ANNUAL CONVENTION 17,845. BANK CHARGES 339. BOARD MEETING 113. INSURANCE 900. OFFICE EXPENSE 986. TRAVEL AND MEETINGS 2,297. WEBSITE SERVICES 580. MEMBERSHIP EXPENSE 1,823. SCHOOL EXPENSE 10,306. LEGISLATIVE EXPENSE 10,306. LEGISLATIVE EXPENSE 58. TOTAL TO FORM 990-EZ, LINE 16 35,197. FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT. LHA FOR Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ, Schedule O (Form 990 or 990-EZ) (2010)	ADVERTISING	3,966.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES: AMOUNT: ANNUAL CONVENTION 17,845. BANK CHARGES 339. BOARD MEETING 113. INSURANCE 900. OFFICE EXPENSE 986. TRAVEL AND MEETINGS 2,297. WEBSITE SERVICES 580. MEMBERSHIP EXPENSE 1,823. SCHOOL EXPENSE 10,306. LEGISLATIVE EXPENSE 8. TOTAL TO FORM 990-EZ, LINE 16 35,197. FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT. LIA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ, Schedule O (Form 990 or 990-EZ) (2010)	ACCRUAL TO CASH CONVERSION	6,500.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES: AMOUNT: ANNUAL CONVENTION 17,845. BANK CHARGES 339. BOARD MEETING 113. INSURANCE 900. OFFICE EXPENSE 986. TRAVEL AND MEETINGS 2,297. WEBSITE SERVICES 580. MEMBERSHIP EXPENSE 1,823. SCHOOL EXPENSE 10,306. LEGISLATIVE EXPENSE 50,306. LEGISLATIVE EXPENSE 10,306. FORM 990-EZ, LINE 16 35,197. FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THA FOR PAPPERWORK REduction Act Notice, see the Instructions for Form 990 or 990-EZ, Schedule O (Form 990 or 990-EZ) (2010) Schedule O (Form 990 or 990-EZ) (2010)	TOTAL TO FORM 990-EZ, LINE 8	11,642.
ANNUAL CONVENTION 17,845. BANK CHARGES 339. BOARD MEETING 113. INSURANCE 900. OFFICE EXPENSE 986. TRAVEL AND MEETINGS 2,297. WEBSITE SERVICES 580. MEMBERSHIP EXPENSE 1,823. SCHOOL EXPENSE 1,823. SCHOOL EXPENSE 10,306. LEGISLATIVE EXPENSE 8. TOTAL TO FORM 990-EZ, LINE 16 35,197. FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT. LICHA FOR PAPERWORK REDUCTION FOR 990 OF 990-EZ) (2010) 10722-11		
BANK CHARGES BOARD MEETING 113. INSURANCE 900. OFFICE EXPENSE 986. TRAVEL AND MEETINGS 2,297. WEBSITE SERVICES 580. MEMBERSHIP EXPENSE 1,823. SCHOOL EXPENSE 10,306. LEGISLATIVE EXPENSE 10,306. LEGISLATIVE EXPENSE 8. TOTAL TO FORM 990-EZ, LINE 16 35,197. FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT. LIMA FOR PAPERWORK REDUCTION OF 990-EZ) (2010) 10124-11 LIMA FOR PAPERWORK REDUCTION OF 990-EZ) (2010) 10124-11 LIMA FOR PAPERWORK REDUCTION ACT NOTICE, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2010)	DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
BOARD MEETING 113. INSURANCE 900. OFFICE EXPENSE 986. TRAVEL AND MEETINGS 2,297. WEBSITE SERVICES 580. MEMBERSHIP EXPENSE 1,823. SCHOOL EXPENSE 10,306. LEGISLATIVE EXPENSE 8. TOTAL TO FORM 990-EZ, LINE 16 35,197. FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT. LIPA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ, Schedule O (Form 990 or 990-EZ) (2010) 1022-11	ANNUAL CONVENTION	17,845.
INSURANCE 900. OFFICE EXPENSE 986. TRAVEL AND MEETINGS 2,297. WEBSITE SERVICES 580. MEMBERSHIP EXPENSE 1,823. SCHOOL EXPENSE 10,306. LEGISLATIVE EXPENSE 8. TOTAL TO FORM 990-EZ, LINE 16 35,197. FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2010) 10324-11	BANK CHARGES	339.
OFFICE EXPENSE 986. TRAVEL AND MEETINGS 2,297. WEBSITE SERVICES 580. MEMBERSHIP EXPENSE 1,823. SCHOOL EXPENSE 10,306. LEGISLATIVE EXPENSE 8. TOTAL TO FORM 990-EZ, LINE 16 35,197. FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2010) 0124-11	BOARD MEETING	113.
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	OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 01-24-11	

Name of the organization ARKANSAS PEST CONTROL ASSN INC. **Employer identification number** 71-0645456 C/O ANNE FULLER Part IV. List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV.) (b) Title and average hours (c) Compensation (d) Contributions (e) Expense per week devoted to account and (If not paid, enter (a) Name and address benefit plans & position -0-.) other allowances deferred MARK HOPPER, P.O. BOX 2727, MOUNTAIN BUDGET/FINANCE & GOVT AFFAIRS HOME, AR 72654 0.00 0. 0. 0. MIKE MCCAULEY, 1623 HOT SPRINGS POLITICAL ACTION COMMITTEE HWY., BENTON, AR 72019 0.00 0. 0. PHIL BENNETT, 1623 HOT SPRINGS HWY. PAST PRESIDENT BENTON, AR 72015 0.00 0. 0. RANDY WEST PRESIDENT AR 72745 0. P.O. BOX 1520, LOWELL, 0.00 0. 0. SHANNAN HYDE-PRINCE SECRETARY P.O. BOX 114, PARAGOULD, AR 72451 0. 0. 0. 0.00 STAN LAWRENCE DIRECTOR - REGION 4 P.O. BOX 127, NASHVILLE, AR 71852 0. 0. 0. 0.00 STEVE ADAMS, 12324 STAGECOACH RD., MEMBER AT LARGE LITTLE ROCK, AR 72210 0.00 0. 0. 0. TIM ADAMS MEMBER AT LARGE 2001 LANDSKI, N LITTLE ROCK, AR 72118 0. 0.00 0. 0. WAYMON LONG MEMBER AT LARGE P.O. BOX 3943, BATESVILLE, AR 72501 0. 0. 0.00 0.

Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

	u are filing for an Automatic 3-Month Extension, comple u are filing for an Additional (Not Automatic) 3-Month Ex					X		
Do not	complete Part II unless you have already been granted a	an automa	itic 3-month extension on a previously fi	led Fo	rm 8868.			
Electro	onic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of time t	o file (6	3 months for a com	ooration		
	d to file Form 990-T), or an additional (not automatic) 3-more				•			
	to file any of the forms listed in Part I or Part II with the exc							
	al Benefit Contracts, which must be sent to the IRS in pap	=						
	vw.irs.gov/efile and click on e-file for Charitles & Nonprofits		,					
Part			ibmit original (no copies needed).					
A coro	pration required to file Form 990-T and requesting an autor		····	nlete				
Partic	· · · · · · · · · · · · · · · · · · ·			•				
All othe	er corporations (including 1120-C filers), partnerships, REM ncome tax returns.							
Type o	Name of exempt organization			Fmn	lover identification	ntification number		
print	ARKANSAS PEST CONTROL ASSN	INC.			ioye, identinoano	ii iidiiibei		
p	C/O ANNE FULLER			71-0645456				
File by th due date filing you	Number, street, and room or suite no. If a P.O. box, so	ee instruc	tions.	<u> </u>	1 0045450			
return, Se instructio	6 1300 IMCON DRIVE DOLLE D	oreign add	Iress, see instructions.					

Enter ti	ne Return code for the return that this application is for (file	a separa	,			.[0]3		
Applic	ation	Return	Application			Return		
Is For		Code	Is For			Code		
Form 9	90	01	Form 990-T (corporation)			07		
Form 9	90-BL	02	Form 1041-A		-	08		
Form 9	90 <u>-</u> EZ	03	Form 4720			09		
<u>Fom 9</u>	90-PF	04	Form 5227			10		
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 9	90-T (trust other than above)	06	Form 8870			12		
Tele If th If th box ▶ 1 I	request an automatic 3-month (6 months for a corporation	s in the Ur Group Exe and atta required t organiza	emption Number (GEN) If the challet with the names and EINs of all	E RO	CK. AR 7220 Ymł Pododibue.	check this		
	the tax year entered in line 1 is for less than 12 months, c Change in accounting period			al retur	n			
3a l	this application is for Form 990-BL, 990-PF, 990-T, 4720, of	or 6069, e	nter the tentative tax, less any					
_	onrefundable credits. See Instructions.	3a	\$	0.				
	this application is for Form 990-PF, 990-T, 4720, or 6069, stimated tax payments made. Include any prior year overp			3b	s	0.		
_	Salance due. Subtract line 3b from line 3a. Include your pa			1 30	"	<u> </u>		
	y using EFTPS (Electronic Federal Tax Payment System).			3c	s	0.		
	n, If you are going to make an electronic fund withdrawal v							
LHA	For Paperwork Reduction Act Notice, see Instructions		Sim Sasay and Form Chooses and Form	3013	Form 8868 (F			