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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

2010

Open to Public
Inspection

► 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 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 2010 calendar year, or tax year beginning NOV 1, 2010 and ending OCT 31, 2011

B Check if applicable

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization

Greene County Farm Bureau

D Employer identification number

71-0245047

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

P.O. Box 896

Room/suite

E Telephone number

870-236-7643

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

Paragould, AR 72451

F Group Exemption

Number ►

G Accounting Method Cash Accrual Other (specify) ►

I Website: ► N/A

J Tax-exempt status (check only one) — 501(c)(3) 501(c)(5) (insert no) 4947(a)(1) or 527K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or 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 5b, 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 (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 155,998.

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

Check if the organization used Schedule O to respond to any question in this Part I

See Schedule O

1 Contributions, gifts, grants, and similar amounts received	1
2 Program service revenue including government fees and contracts	2
3 Membership dues and assessments	3 47,229.
4 Investment income	4 305.
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 Gaming and fundraising events	
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b
c Less direct expenses from gaming and fundraising events	6c
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d
7a Gross sales of inventory, less returns and allowances	7a
b Less cost of goods sold	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
8 Other revenue (describe in Schedule O)	8 108,464.
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 155,998.
10 Grants and similar amounts paid (list in Schedule O)	10
11 Benefits paid to or for members	11
12 Salaries, other compensation, and employee benefits	12 83,557.
13 Professional fees and other payments to independent contractors	13 1,450.
14 Occupancy, rent, utilities, and maintenance	14 26,261.
15 Printing, publications, postage, and shipping	15 4,236.
16 Other expenses (describe in Schedule O)	16 32,065.
17 Total expenses Add lines 10 through 16	17 147,569.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 8,429.
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)	19 206,770.
20 Other changes in net assets or fund balances (explain in Schedule O)	20 0.
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 215,199.

LHA For Paperwork Reduction Act Notice, see the separate instructions

Form 990-EZ (2010)

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Part II Balance Sheets. (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	57,270.	22 51,032.
23	Land and buildings	287,629.	23 281,932.
24	Other assets (describe in Schedule O)	79.	24 0.
25	Total assets	344,978.	25 332,964.
26	Total liabilities (describe in Schedule O)	138,208.	26 117,765.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	206,770.	27 215,199.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? **Agricultural Promotion**

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 Community 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 (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here ► 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)Check if the organization used Schedule O to respond to any question in this 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
Walter Lange, Jr. P.O. Box 896, Paragould, AR 72451	President 0.50	0.	0.	0.
Brandon Martin P.O. Box 896, Paragould, AR 72451	1st Vice President 0.50	0.	0.	0.
Barkley Threlkeld P.O. Box 896, Paragould, AR 72451	2nd Vice President 0.50	0.	0.	0.
Bryan Privett P.O. Box 896, Paragould, AR 72451	Secretary 0.50	0.	0.	0.
Bryce Anderson P.O. Box 896, Paragould, AR 72451	Member 0.50	0.	0.	0.
Jimmy Blackburn P.O. Box 896, Paragould, AR 72451	Member 0.50	0.	0.	0.
Derek Boling P.O. Box 896, Paragould, AR 72451	Member 0.50	0.	0.	0.
Johnny Distretti P.O. Box 896, Paragould, AR 72451	Member 0.50	0.	0.	0.
Ray Distretti P.O. Box 896, Paragould, AR 72451	Member 0.50	0.	0.	0.
Terry Gray P.O. Box 896, Paragould, AR 72451	Member 0.50	0.	0.	0.
Allen Griffin P.O. Box 896, Paragould, AR 72451	Member 0.50	0.	0.	0.
Mitch Harvill P.O. Box 896, Paragould, AR 72451	Member 0.50	0.	0.	0.

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V

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 O 33 Yes No

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 Yes No

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 35 Yes No

a 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 Yes No

b If "Yes," has it filed a tax return on Form 990-T for this year? 35b Yes No

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 Yes No

37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a Yes No

b Did the organization file Form 1120-POL for this year? 37b Yes No

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 tax year covered by this return? 38a Yes No

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Yes No

39 Section 501(c)(7) organizations Enter 39a Yes No

a Initiation fees and capital contributions included on line 9 39b Yes No

b Gross receipts, included on line 9, for public use of club facilities 39c Yes No

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 40a Yes No

► N/A , section 4912 ► N/A , section 4955 ► 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 Yes No

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 40c Yes No

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d Yes No

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 40e Yes No

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 Telephone no ► 870-236-7643 Located at ► P.O. Box 896, Paragould, AR ZIP + 4 ► 72451

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)? 42b Yes No

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 Yes No

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.

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 43 Yes No

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a Yes No

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b Yes No

c Did the organization receive any payments for indoor tanning services during the year? 44c Yes No

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d Yes No

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?

If "Yes," complete Schedule C, Part I

Yes	No
45	X
45a	X

46 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 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

Yes	No
47	
48	
49a	
49b	

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"

(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" 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 ►

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

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

► *Maria K. Bean*
Signature of officer

Date
6-11-12

► *Terry Nonwood*
Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name Maria K. Bean	Preparer's signature <i>Maria K. Bean, CPA</i>	Date 6/6/12	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ► Thomas & Thomas LLP			Firm's EIN ►	
	Firm's address ► 201 E. Markham, Suite 500 Little Rock, AR 72201			Phone no	(501) 375-2025

May the IRS discuss this return with the preparer shown above? See instructions

032174
03-04-11

► Yes No
Form 990-EZ (2010)

SCHEDULE O
(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.

OMB No. 1545-0047

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Name of the organization

Greene County Farm Bureau

Employer identification number
71-0245047Form 990-EZ, Part I, Line 4, Other Investment Income:

<u>Description of Property:</u>	<u>Amount:</u>
Interest on Savings and Cash Investments	305.

Form 990-EZ, Part I, Line 8, Other Revenue:

<u>Description of Other Revenue:</u>	<u>Amount:</u>
Insurance Service Fees	105,843.
Royalty Income	970.
Miscellaneous Income	1,026.
Office Space - Paragould, AR	625.
<u>Total to Form 990-EZ, line 8</u>	<u>108,464.</u>

Form 990-EZ, Part I, Line 14, Occupancy, Rent, Utilities, and Maintenance:

<u>Description of Expenses:</u>	<u>Amount:</u>
Depreciation	6,733.
Other Expenses	19,528.
<u>Total to Form 990-EZ, line 14</u>	<u>26,261.</u>

Form 990-EZ, Part I, Line 16, Other Expenses:

<u>Description of Other Expenses:</u>	<u>Amount:</u>
Supplies	3,211.
Telephone	4,898.
Conf, conventions, etc.	7,157.
Insurance	622.
Advertising and Promotion	3,510.
Youth and Safety	1,641.

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
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<u>Miscellaneous</u>	3,804.
<u>Interest</u>	6,849.
<u>Depreciation</u>	373.
<u>Total to Form 990-EZ, line 16</u>	32,065.

Form 990-EZ, Part II, Line 24, Other Assets:

Description	Beg. of Year	End of Year
<u>Accounts Receivable</u>	79.	0.

Form 990-EZ, Part II, Line 26, Other Liabilities:

Description	Beg. of Year	End of Year
<u>Prepaid Membership</u>	15,403.	14,610.
<u>Payroll Liabilities</u>	1,370.	1,246.
<u>Notes Payable</u>	121,435.	101,909.
<u>Total to Form 990-EZ, line 26</u>	138,208.	117,765.

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.

Name of the organization

Greene County Farm Bureau

Employer identification number
71-0245047

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)