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11 Reproduis Penskodement 11

990-EZ

Department of the Treasury Internal Revenue Service

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Short Form

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internet 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 (see instructions)
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

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

2011

Open to Public Inspection

	For the 2011 cale	endar year, or tax year beginning , 2011, a	nd ending			, 20			
<u>~</u> "	Check if applicable	C Name of organization		D Emplo	ver identi	fication number			
~ ~	Address change	ARKANSAS CROP PROTECTION ASSOCIATION INC		·	-039949				
. =	Name change	Number and street (or PO box, if mail is not delivered to street address)	- 4	E Telephone number					
\$ =	Initial return				one name				
≪ ≒	Terminated	45 WOODY LANE		(5)	01) 454-	9963			
	Amended return	City or town, state or country, and ZIP + 4		F Group		··——			
3 =	Application pending	Cabot, AR 72023		Numbe	•	ļ			
9 =	Accounting Meth					organization is not			
	Website:	od X Casii Accidai Other (specify)		required to		=			
<u>~</u>	-	us (check only one) -		•					
® √				(Form 990,	· · · · · · · · · · · · · · · · · · ·	 			
≅;	_	ne organization is not a section 509(a)(3) supporting organization or section	-	-	-	-			
<u>کی ۔</u>		0,000 A Form 990-EZ or Form 990 return is not required though Form 990-	·N (e-postca	ra) may be requ	irea (see i	nstructions) But if			
	•	hooses to file a return, be sure to file a complete return.		£1-1-11- //	S- 4 II				
63 ⁻ I		and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000			_	CD CO1			
_		below) are \$500,000 or more, file Form 990 instead of Form 990-EZ				67,691			
P		nue, Expenses, and Changes in Net Assets or Fund Bala							
	1	if the organization used Schedule O to respond to any question in this Part				<u>X</u>			
		tions, gifts, grants, and similar amounts received			1				
	1	service revenue including government fees and contracts			3	15,575 52,115			
	Į.	3 Membership dues and assessments							
		ent income	1	• • • • • • •	4	1			
			ia						
	b Less co		b						
		loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c				
R		and fundraising events of							
е		Srops income from gaining (attach Schedule G if greater than							
V 8	\$15 <u>000</u>		ia]				
n u	b Gross (f	come from fundraising events (not including \$	of contrib	utions					
ě	from fun	draising events reported on line 1) (attach Schedule G if the							
	sum of s	uch gross income and contributions exceeds \$15,000)	Sb]				
	c Less di	ect expenses from gaming and fundraising events	6c]				
	d Net inco	me or (loss) from gaming and fundraising events (add lines 6a and 6b and s	subtract		11				
	line 6c)				6d				
	7a Gross s	ales of inventory, less returns and allowances	′a						
	b Less. co	st of goods sold	7b		1 1				
	c Gross p	rofit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c				
	8 Other re	venue (describe in Schedule O)			8				
	9 Total re	venue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	و المناديد	▶	9	67,691			
		ind similar amounts paid (list in Schedule O)	CARLY.		10	7,300			
TION E	11 Benefits	paid to or for members	IA cm		11				
\aleph	12 Salanes	other compensation, and employee benefits	APAL .		12	 			
₩ p	13 Professi	onal fees and other payments to independent contractors	Od so.		13	11,400			
⊙% n	14 Occupa	ncy, rent, utilities, and maintenance	- ANCK	A	14				
S e s	15 Printing	onal fees and other payments to independent contractors oncy, rent, utilities, and maintenance publications, postage, and shipping tepenses (describe in Schedule O) or (deficit) for the year (Subtract line 17 from line 9) or fund balances at beginning of year (from line 27, column (A)) (must ago on the following terms of the described of the services or fund balances at beginning of year (from line 27, column (A)) (must ago on the following terms of the services or fund balances at beginning of year (from line 27, column (A)) (must ago on the services of the services	BRAIN		15	3,954			
S	16 Other ex	penses (describe in Schedule O)	OCIDELA.		16	40,308			
	17 Total ex	penses. Add lines 10 through 16		. >	17	62,962			
<u> </u>	18 Excess	or (deficit) for the year (Subtract line 17 from line 9)			18	4,729			
% !	19 Net ass	ets or fund balances at beginning of year (from line 27, column (A)) (must a	aree with	• • • • • •					
SCANNED	. 1	ear figure reported on prior year's return)			19	30,670			
$\mathcal{Q}_{\mathfrak{t}}$?	ranges in net assets or fund balances (explain in Schedule O)			20				
W)	2	ets or fund balances at end of year Combine lines 18 through 20		_	21	35,399			
	41 NC 455	sta of fund balances at end of year combine lines to through 20	<u>.</u>		1				

		•		
Form	990-	ΕZ	(2011)	1

ARKANSAS CROP PROTECTION ASSOCIATION INC

71-0399496

Page 2

Part I	Balance Sheets. (see the instructions for Part II)				
	Check if the organization used Schedule O to respon	d to any question in this l			<u></u>	
				Beginning of year		(B) End of year
22 Cas	sh, savings, and investments			30,670	22	35,399
23 Lan	d and buildings			0	23	0
24 Oth	er assets (describe in Schedule O)			0	24	0
25 Tota	al assets			30,670	25	35,399
	al liabilities (describe in Schedule O)			0	26	0
	assets or fund balances (line 27 of column (B) must agr	ree with line 21)		30,670	27	35,399
Part I						Expenses
	Check if the organization used Schedule O to respo				(Re	quired for section
What is	the organization's primary exempt purpose? PROMOTE I	NFO ABT CROP PRO	DUCTION PROD	UCT	501	(c)(3) and 501(c)(4)
Describ	e the organization's program service accomplishments for	each of its three largest i	orogram services		orga	anizations and section
	sured by expenses in a clear and concise manner, describ				494	7(a)(1) trusts; optiona
	benefited, and other relevant information for each program				for c	others)
	nual Crop Mgmt Conf resulted in agrltrl					
ret	tailers, growers, &crop protection manuft	r sales,& mrktng				
per	rsonnel receiving educational info, trai	ning, ∏ update	es			
(Gra	ants \$) If this amoun	t includes foreign grants,	check here	▶ □	28a	
29						
			•		1	
					1	
(Gra	ants \$) If this amoun	t includes foreign grants,	check here	▶□	29a	
30						
(Gra	ants \$) If this amoun	t includes foreign grants,	check here	▶ □	30a	
31 Oth	er program services (describe in Schedule O)					
	· ·	t includes foreign grants,			31a	
32 Tot	al program service expenses (add lines 28a through 31a				32	
Part					structi	ons for Part IV)
	Check if the organization used Schedule O to respo					
-		(b) Title and average	(c) Reportable	(d) Health benefits		
	(a) Name and address	hours per week	compensation	contributions to emp	- 1	(e) Estimated amount of
		devoted to position	(Form W-2/1099-MISC (if not paid, enter -0	<i>.</i>		other compensation
JASON	KELLEY	TREASURER				
45 WO	ODY LANE, Cabot AR 72023	1		q	q	0
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					1	
					1	
				+		
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Form	990-EZ (2011) ARKANSAS CROP PROTECTION ASSOCIATION INC 71-0399	496	ı	Page 3
Pai	t V Other Information (Note the Schedule A and personal benefit contract statement requirements in the			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			. 🗆
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	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	ł		
	change on Schedule O (see instructions)	34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			<u> </u>
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		 ^
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		x
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	100		<u>├</u> ^
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
	Did the organization file Form 1120-POL for this year?	37b		-
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	375		X
00 u	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		
h	If "Yes," complete Schedule L, Part II and enter the total amount involved	30a	-	X
39	Section 501(c)(7) organizations Enter	\dashv	1	
	Initiation fees and capital contributions included on line 9	\dashv		l
	· ·	\dashv		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	İ	}	1
	section 4911 , section 4955 , section 4955 , section 4955 , section 4955		1	
D	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	401	1	
_	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	}	
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			1
a	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c	1		
	reimbursed by the organization			1
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	<u> </u>	X
41	List the states with which a copy of this return is filed			
42 a		501-4	54-9	963
)23		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			T
	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.	1	-	
С	At any time during the calendar year, did the organization maintain an office outside of the U.S?	42c	<u> </u>	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	<u> </u>		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		X
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		X
С	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	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	1	
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	1	Х
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			T
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		X

		organization engage, directly or indirectly, dates for public office? If "Yes," complete		vities on behalf of or in o			Yes	No X
Pań	3.V.I. 5	Section 501(c)(3) organizations (601(c)(3) organizations and section and 52, and complete the tables for	and section 4947(a) n 4947(a)(1) nonexe or lines 50 and 51.	(1) nonexempt champt charitable trusts	aritable trusts of must answer of	only. All s	ection	<u> </u>
		Check if the organization used Sch	nedule O to respond	to any question in th	nis Part VI	• • • • • •		
47	Diel Aber		ar bawa a castian FO1/b) i		he teu	Г	Yes	s No
		organization engage in lobbying activities "Yes," complete Schedule C, Part II					47	1
	-	ganization a school as described in section					48	 -
		organization make any transfers to an exe		· •			49a	
		was the related organization a section 52		· · · · · · · · · · · · · · · · · · ·			49b	1
50	Complet	te this table for the organization's five high	est compensated employ	ees (other than officers,	directors, trustees	and key	•	
	employe	ees) who each received more than \$100,0	00 of compensation from	the organization. If there	e is none, enter "No	ne "		
	(a)	Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employ benefit plans, and defer compensation	red	stimated ame	
							,	
f 51 	Comple	mber of other employees paid over \$100,0 te this table for the organization's five high 00 of compensation from the organization.	est compensated independent		ach received more t	than		
(a)	Name and	address of each independent contractor paid more than	n \$100,000	(b) Type of service	9	(c) Comp	ensation	
		<u></u>					···	
	-							
52	Did the	mber of other independent contractors ea organization complete Schedule A? Note: mpt chantable trusts must attach a comple	All section 501(c)(3) orga	anizations and 4947(a)(1	•	▶ ⊠	Yes	
Under p		penury, I declare that I have examined this return, inclu						
true, co	orrect, and o	complete Declaration of preparer (other than officer) is	based on all information of which	preparer has any knowledge				
Siar		V Joan Kell	ley		11	-21-201	1	
Sigr Here	- 1	Signature of officer JASON KELLEY, TREASURER	6		Date			
		Type or print name and title						
Paid		Print/Type preparer's name CONNIE M COOPER	Preparer's signature OMVI	Date 11-21-20	[~	yed PO	i 1419735	<u> </u>
Prepa	arer	Firm's name CONNIE M COOPER	CPA	\sim	Firm's EIN			
Use (Only	Firm's address > 2827 MILITARY R	OAD STE 2					
		BENTON AR 72015			Phone no	501-	315-062	
May t	he IRS o	fiscuss this return with the preparer shown	above? See Instructions	·	<u> </u>	▶ 🛚	Yes 🔀	No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions. OMB No 1545-0047

2011

Open to Public Inspection

Employer identification number

ARK	ANS	AS CROP PROTEC	TION ASSOCIA	TION INC					71-0	399496			
Pa	rt I	Reason for	Public Charity	/ Status (All organiza	ations mus	t complete	this part)	See instr	uctions				
The	orgai	nization is not a priva	te foundation beca	use it is (For lines 1 thr	ough 11, c	heck only	one box)					_	
1		A church, convention	n of churches, or a	ssociation of churches	described i	n section	170(b)(1)(A)(i).					
2		A school described i	n section 170(b)(1)(A)(ii). (Attach Schedu	ıle E)								
3		A hospital or a coop	erative hospital se	rvice organization descr	ibed ın se d	tion 170(l	b)(1)(A)(iii)).					
4		A medical research	organization opera	ited in conjunction with a	a hospital c	described i	n section	170(b)(1)(A)(iii). En	ter the hos	spital's n	ame,	
		city, and state											
5		An organization ope	rated for the benef	it of a college or univers	ity owned	or operate	d by a gov	ernmental	unit desci	nbed in			
		section 170(b)(1)(A)(iv). (Complete Pa	art II)									
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public											
		described in section	170(b)(1)(A)(vi).	(Complete Part II)									
8		A community trust d	escribed in sectio	n 170(b)(1)(A)(vi). (Com	nplete Part	II)							
9	X	An organization that	normally receives	: (1) more than 33 1/3%	of its supp	ort from c	ontribution	s, membe	rship fees	and gros	s		
		receipts from activiti	es related to its ex	empt functions - subject	to certain	exception	s, and (2) i	no more th	nan 33 1/3	% of its			
		support from gross i	nvestment income	and unrelated business	taxable in	come (les	s section 5	11 tax) fro	m busines	ses			
		acquired by the orga	ınızatıon after June	e 30, 1975. See section	509(a)(2).	(Complete	e Part III)						
10		An organization orga	anized and operate	ed exclusively to test for	public safe	ety See se	ection 509	(a)(4).					
11		An organization orga	anized and operate	ed exclusively for the bei	nefit of, to	perform the	e functions	of, or to	carry out th	ne			
		purposes of one or r	nore publicly supp	orted organizations desc	cribed in se	ection 509	(a)(1) or se	ction 509	(a)(2) See	section			
		509(a)(3). Check the	box that describe	s the type of supporting	organizati	on and cor	mplete line	s 11e thro	ugh 11h				
		a 🗌 Type I	b 🗌 Турс	ell c	Type III-	-Functiona	lly integrat	ed	d	Туре	III-Other		
е		By checking this box	c, I certify that the	organization is not contr	olled direct	tly or indire	ectly by one	e or more	disqualifie	d			
		persons other than f	oundation manage	ers and other than one o	r more put	olicly suppo	orted organ	nizations o	lescribed i	n section			
		509(a)(1) or section											
f		If the organization re	eceived a written d	etermination from the IR	RS that it is	a Type I,	Type II, or	Type III sı	pporting				
		organization, check	this box										C
9		Since August 17, 20	06, has the organi	zation accepted any gift	or contribu	ution from	any of the						
		following persons?											
				controls, either alone o								Yes	No
				y of the supported orgar						• • • • •	11g(i)		
				cribed in (i) above?							11g(ii)		
			=	on described in (i) or (ii)		• • • • •	• • • • •				11g(iii)		
h		<u>`</u>		t the supported organiza	T		T 2. 2.				1		
	(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) is the o		(v) Did yo		(vi) organizati			Amount upport	Of
				above or IRC section	governing o	locument?	∞l (i)		(i) organiz		30,000		
				(see instructions))			 	XXII.		S ?	-		
/A\		 			Yes	No	Yes	No	Yes	No	1		
(A)										i	1		
(B)					+		-			ļ	 		
(D)													
(C)					+			·	 				
(6)						1			1		1		
(D)					 				 		ļ		
(0)											1		
(E)					+				 _	 		-	
(-)													
					+	 	 		 	 	 		
Tota													

Part II Support Sc

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (c) 2009 Calendar year (or fiscal year beginning in) ▶ (a) 2007 (b) 2008 (d) 2010 (e) 2011 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") ... Tax revenues levied for the organization's benefit and either paid to or expended on 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each 5 person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from In 4 Section B. Total Support (a) 2007 (d) 2010 (e) 2011 (b) 2008 Calendar year (or fiscal year beginning in) ▶ (c) 2009 (f) Total Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV)..... 11 Total support. Add lines 7 through 10 . 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 14 15 % 15 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 16a b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or 17a more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the ightharpoonup10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.......

Part III

Section A. Public Support

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	58,214	68,955	70,645	72,450	67,690	337,954
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus under sec 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	58,214	68,955	70,645	72,450	67,690	337,954
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						337,954
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6	58,214	68,955	70,645	72,450	67,690	337,954
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14	4	1			19
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				i		
С 11	Add lines 10a and 10b	14	4	1			19
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)	58,228	68,959	70,646	72, 4 50	67,690	337,973
	First five years. If the Form 990 is for the organization, check this box and stop here	· · · · · · · · · ·		th, or fifth tax year	as a section 501(c)(3)	▶□
Sec	ction C. Computation of Public Su					, 	
15	Public support percentage for 2011 (line 8,					15	99.99 %
16	Public support percentage from 2010 Sche					16	100.00 %
	ction D. Computation of Investme				 -	r <u></u> -	
17	Investment income percentage for 2011 (lin					17	0.01 %
18	Investment income percentage from 2010 S	schedule A, Part III	, line 17		• • • • • • • •	18	<u>%</u>
19a	33 1/3% support tests - 2011. If the organi 17 is not more than 33 1/3%, check this box	zation did not chec x and stop here . T	k the box on line 1 he organization qu	4, and line 15 is malifies as a publich	nore than 33 1/3% y supported organ	, and line ization	▶⊠
	33 1/3% support tests - 2010. If the organiline 18 is not more than 33 1/3%, check this	s box and stop her	e. The organizatio	n qualifies as a pu	blicly supported or	ganization	▶□
20	Private foundation. If the organization did	not check a box on	ine 14, 19a, or 1	9b, check this box EEA	and see instruction	Schedule A (Form 990	
				CCA			U 330 LL 2011

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service
Name of the organization

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

2011

Open to Public Inspection

ARKANSAS CROP PROTECTION ASSOCIATION INC 71-0399496 01. List of grants and similar amounts paid (Part I, line 10) Activity SCHOLARSHIPS 6,200 Amount Activity **AWARDS** Amount 1,100 02. Description of other expenses (Part I, line 16) Amount Description TROPHYS 128 WEBSITE DESIGN 95 32,214 **MEETINGS** MEALS AND ENTERTAINMENT - 50% 439 7,398 CONFERENCE EXPENSES BANK CHARGES 34