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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 1545-0047

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

| A I | For the | 2011 calendar year, or tax year beginning NOV 1, 2011 and | ending (| OCT 31, 2012 | |
|-----------------------------|------------------------------|---|--------------|--|------------------------------|
| В | Check if applicable | C Name of organization | | D Employer identific | cation number |
| | Addres change | Benton County Farm Bureau | | | |
| | Name change | Doing Business As | | 71-0 | 291410 |
| | Initial return Termin- | Number and street (or P 0 box if mail is not delivered to street address) P.O. Box 450 | Room/suite | E Telephone number 479- | 273-7786 |
| ī | lated Amend return | | | G Gross receipts \$ | 375,219. |
| Ē | Applica | | | H(a) Is this a group re | |
| | pending | | | for affiliates? | Yes X No |
| | | same as C above | | H(b) Are all affiliates inc | luded? Yes No |
| 1 7 | Tax-exe | mpt status: | or 527 | If "No," attach a | list. (see instructions) |
| | | www.arfb.com/benton | | H(c) Group exemption | |
| | | organization X Corporation | L Year | | A State of legal domicile AR |
| | | Summary | | | |
| d) | 1 6 | Briefly describe the organization's mission or most significant activities: ${	t Agri}$ | cultur | ral Promotio | n |
| Activities & Governance | | | | | |
| Ĩ | 2 (| Check this box If the organization discontinued its operations or disposit | sed of mor | e than 25% of its net as | ssets. |
| Š | 3 1 | Number of voting members of the governing body (Part VI, line 1a) | | 3 | 27 |
| <u>س</u> | 4 1 | Number of independent voting members of the governing body (Part VI, line 1b) | | 4 | 27 |
| es | 5 7 | otal number of individuals employed in calendar year 2011 (Part V, line 2a) | | 5 | 8 |
| <u>Yiti</u> | 6 1 | otal number of volunteers (estimate if necessary) | | 6 | 44 |
| cti | 7a 1 | otal unrelated business revenue from Part VIII, column (C), line 12 | | 7a | 247,540. |
| _ | l d | Net unrelated business taxable income from Form 990-T, line 34 | | 7b | 0. |
| | 1 | | _ | Prior Year | Current Year |
| ē | 8 (| Contributions and grants (Part VIII, line 1h) | | 0. | 0. |
| eur | 9 1 | Program service revenue (Part VIII, line 2g) | | 124,882. | 121,482. |
| Revenue | 10 | nvestment income (Part VIII, column (A), lines 3, 4, and 7d) | _ | 777. | 449. |
| | 11 (| Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 251,891. | 253,288. |
| | 12 | otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 377,550. | 375,219. |
| | 1 | Grants and similar amounts paid (Part IX, column (A), lines +3) | ļ | 0. | 0. |
| | 14 8 | Benefits paid to or for members (Part IX, column (A), tine (1) | <u> </u> | 0. | |
| es | 15 5 | Salaries, other compensation, employee benefits (Part-IX, column (A), ines 5-10) | <u> </u> | 243,857. | 250,478. 0. |
| Expenses | | Professional fundraising fees (Part IX, column (A), line 1 te) 2013 | | V • | |
| χ̈́ | | otal fundraising expenses (Part IX, Continu (D), line 25) | 0. | 126 707 | 124,075. |
| щ | | Other expenses (Part IX, column (A), lines 11a-11d, 11:24e) | | 126,797. | 374,553. |
| | | otal expenses. Add lines 13-17 (must equal PartiX, column (A), line 25) | | 370,654. 6,896. | 666. |
| ᆫᅈ | 19 | Revenue less expenses. Subtract line 18 from line 12 | | | |
| Net Assets or Fund Balances | | | B | eginning of Current Year 565,604. | End of Year 565,312. |
| Sse Bak | 20 | Total assets (Part X, line 16) | - | 35,917. | 34,959. |
| ta's | 21 | Total liabilities (Part X, line 26) | - | 529,687. | 530,353. |
| 1 | <u>22 </u> art | Net assets or fund balances. Subtract line 21 from line 20 Signature Block | | 32370078 | 30070301 |
| | | ties of perjury, I declare that I have examined this return, including accompanying schedule | e and staten | nents, and to the hest of m | v knowledge and belief it is |
| | | , and complete. Declaration of preparer (other than officer) is based on all information of w | | | y milotinougo una unan, teno |
| 1108 | , conec | RA VI A | поп рторато | 3-13-13 | |
| Sig | | Signature of officer | | Date | |
| Hei | | Bob Shofner Benton Co Farm bureau fre | udont | • | |
| nei | | Type or print name and title | MARKY | | |
| _ | | Print/Type preparer's name Preparer's signature / p | | Date , Check | PTIN |
| Paid | 1 | Print/Type preparer's name Maria K. Bean Maria K. Bean | CPA 1 | 3/5/13 If self-employ | P00941762 |
| | parer | Firm's name Thomas & Thomas LLP | | Firm's EIN | 71-0271741 |
| | Only | Firm's address 201 E. Markham, Suite 500 | | | |
| | , | Little Rock, AR 72201 | | Phone no (| 501) 375-2025 |
| Mar | v the IR | S discuss this return with the preparer shown above? (see instructions) | | 1 | X Yes No |
| | 001 01-23 | HA For Paperwork Reduction Act Notice, see the separate instruction | ons. | ·-···································· | Form 990 (2011) |

| Form | m990 (2011). Benton County Farm Bureau | 71-0291410 | Page 2 |
|-----------|---|-------------------------------|------------------|
| Pa | rt III Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response to any question in this Part III | | |
| 1 | Briefly describe the organization's mission: | | |
| | Agricultural Promotion | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on | | |
| | the prior Form 990 or 990-EZ? | Yes | X No |
| | If "Yes," describe these new services on Schedule O. | | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program service | es? Yes | X No |
| | If "Yes," describe these changes on Schedule O. | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services | s as measured by expense | 2 |
| • | | | |
| | Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amoun | it of grants and anocations t | .0 |
| | others, the total expenses, and revenue, if any, for each program service reported. | | |
| 4a | | Revenue \$ |) |
| | County Farm Bureau work is general in nature, helping | | |
| | achieve educational improvemenets, economic opportuni | ty, and social | · |
| | advancement. | | |
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| | 1- \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | |
| 4b | (Code) (Expenses \$ including grants of \$) (F | Revenue \$ | ' ' |
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| 4c | \(\(\) \(| | |
| 70 | (Code) (Expenses \$ | revenue \$ | ′ |
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| 4d | Other program services (Describe in Schedule O.) | | |
| ŦŪ | | • | |
| | (Expenses \$ including grants of \$) (Revenue \$ | | |
| <u>4e</u> | Total program service expenses ► | | |
| | | Form 9 ⁶ | 90 (2011) |

| | | | Yes | No |
|-----|--|-----|-------|-----------|
| 1 | is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1_ | | X |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | Х |
| 3 | 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 | 3 | | х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| _ | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | х | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | 8 | | x |
| 9 | Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide | | | |
| • | credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | | | |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | Х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | X | |
| þ | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| C | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | X |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | |
| u | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | Х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI, XII, and XIII | 12a | | <u> </u> |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional | 12b | | X |
| | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | |
| • | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | Х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization | | | |
| | or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals | | | |
| | located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 16 | | <u> X</u> |
| 7 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | <u>X</u> |
| 8 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | 40 | | Х |
| 0 | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | |
| 9 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | Х |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| | | | 000 / | 22.4 |

Page 4 Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the Х United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, Х column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X Schedule K. If "No", go to line 25 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a 25a disqualified person during the year? If "Yes," complete Schedule L, Part I b is the organization 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 25b 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified X person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member X 27 of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV Instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, 28c director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х 30 contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? Х 31 If "Yes," complete Schedule N, Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Х 32 Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? 34 If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of Х section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37

36 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Note. All Form 990 filers are required to complete Schedule O

Х Form 990 (2011)

Form **990** (2011)

| Form | 990 (2011). Benton County Farm Bureau 71-0291 | 410 | F | age 5 |
|----------|---|--------------|-----------------|--|
| | t V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | · Check if Schedule O contains a response to any question in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 3 | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | Ŋ | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | 1 | | |
| · | (gambling) winnings to prize winners? | 10 | X | 1 |
| 22 | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| 20 | filed for the calendar year ending with or within the year covered by this return 2a | 3 | | |
| | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | Ì |
| U | | 1 | · | |
| ٥. | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | За | X | Ì |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3b | X | |
| | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 30 | 1.5 | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | X |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | ^ <u>^</u> |
| b | If "Yes," enter the name of the foreign country: | | | |
| | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | _ | 1 | v |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | ļ | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | <u>5b</u> | ļ. - | <u> </u> |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | ١,, |
| | any contributions that were not tax deductible? | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | } | |
| | were not tax deductible? | 6b | | ļ |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | <u> </u> | ↓ |
| ь | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | ļ | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| | to file Form 8282? | 7c | ļ <u> </u> | ļ |
| d | If "Yes," Indicate the number of Forms 8282 filed during the year | _ | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | L | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | <u></u> | |
| 9 | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting | | | |
| _ | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | 7 | | |
| 11 | Section 501(c)(12) organizations. Enter: | 1 | | |
| | Gross income from members or shareholders | | | |
| a | | 1 | | |
| D | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | | |
| 40 | | 12a | | 1 |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 120 | | 1 |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 1 | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 42- | ┼ | ┼ |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | |
| | organization is licensed to issue qualified health plans . 13b | 4 | | 1 |
| C | Enter the amount of reserves on hand | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | - | X |
| L | If "Ves." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O | 14b | 1 | 1 |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| | Check if Schedule O contains a response to any question in this Part VI | | | | | X | |
|--|---|-----------|-----------------------|----------|--|-------------------------|--|
| Sec | tion A. Governing Body and Management | | | | | | |
| | | | | | Yes | No | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 2 | 7 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | 7 | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b | 2 | 7 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationsh | ip with | any other | 7 | | | |
| | officer, director, trustee, or key employee? | | | 2 | _X | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | ne direc | ct supervision | | | | |
| | of officers, directors, or trustees, or key employees to a management company or other person? | | | 3 | | X | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form | 990 wa | ıs filed? | 4 | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's as | sets? | | 5 | | X | |
| 6 | Did the organization have members or stockholders? | | | 6 | X | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or a | ppoint | one or | | | | |
| | more members of the governing body? | | | 7a | X | | |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | | | | | |
| persons other than the governing body? | | | | | | | |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | | | | | |
| | The governing body? | | | _8a | X | | |
| | Each committee with authority to act on behalf of the governing body? | | | 8b | X | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea | ached a | at the | | | v | |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | | 9 | | <u> </u> | |
| <u>sec</u> | tion B. Policies (This Section B requests information about policies not required by the Internal F | Revenue | e Code.) | | | _ | |
| | D.H | | | <u></u> | Yes | No X | |
| | Did the organization have local chapters, branches, or affiliates? | h 4 | | 10a | | | |
| D | If "Yes," did the organization have written policies and procedures governing the activities of such c | napter | s, amiliates, | 10b | | | |
| 112 | and branches to ensure their operations are consistent with the organization's exempt purposes? | tu bafa | ro filing the form? | 11a | - | X | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing boo Describe in Schedule O the process, if any, used by the organization to review this Form 990. | iy belo | re ming the form? | 110 | | | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | 12a | x | | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | a to con | flicts? | 12b | X | | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? If ") | | | 1.25 | | | |
| Ī | In Schedule O how this was done | 00, 0 | 3001130 | 12c | x | | |
| 13 | Did the organization have a written whistleblower policy? | | | 13 | | $\overline{\mathbf{x}}$ | |
| 14 | Did the organization have a written document retention and destruction policy? | | | 14 | X | | |
| 15 | Did the process for determining compensation of the following persons include a review and approv | al by in | dependent | 1 | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | • | | | | |
| а | The organization's CEO, Executive Director, or top management official | | | 15a | | X | |
| | Other officers or key employees of the organization | | | 15b | | X | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | | | |
| l6a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange | ment w | rith a | | | | |
| | taxable entity during the year? | | | 16a | <u> </u> | X | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate | ite its p | articipation | ļ | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organical statements are safeguard to safeguard the organical statements. | nızatıo | n's | 1 | | | |
| | exempt status with respect to such arrangements? | | | 16b | | | |
| <u>sec</u> | tion C. Disclosure | | | | | | |
| 7 | List the states with which a copy of this Form 990 is required to be filed None | | - | | | | |
| 8 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-7 | r (Secti | on 501(c)(3)s only) | availab | le | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | | |
| _ | Own website Another's website X Upon request | _ | | | | | |
| 9 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, co | onflict o | of interest policy, a | nd finar | ncial | | |
| | statements available to the public during the tax year. | | | - | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books a | nd rec | ords of the organiz | ation: | | | |
| | The Organization - 479-273-7786 1601 SW 'A' St., Bentonville, AR 72712 | | | | | | |
| | ~~~~ ~; | | | | | | |

| Form 990 (2011) | ١ | 11 | 4 | n | 2 | ١ | a | a | m | `~ | F |
|-----------------|---|----|---|---|---|---|---|---|---|----|---|

Benton County Farm Bureau

71-0291410

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employees."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

| (A) Name and Title | (B) Average hours per week | box | not c | Pos heck ss pe | more erson | than | h an | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other |
|----------------------------|--|--------------------------------|-----------------------|----------------------|---------------|------------------------------|--|--|--|--|
| | (describe hours for related organizations in Schedule O) | Individual trustae or director | Institutional frustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) Dan Douglas | | | | | | | | | | |
| President | 0.50 | X | | Х | | <u> </u> | | 0. | 0. | 0. |
| (2) Bob Shofner | | | | ŀ | | | | | | |
| Vice President | 0.50 | X | | Х | ļ | <u> </u> | | 0. | 0. | 0. |
| (3) Mark Weathers | 0.50 | | | ١ | | | | | 0 | _ |
| Secretary/Treasurer | 0.50 | X | | X | | ļ | ļ | 0. | 0. | 0. |
| (4) Harvey Amos | 0.50 | ., | | | | | ł | | | 0 |
| Member | 0.50 | X | _ | <u> </u> | ļ | | | 0. | 0. | 0. |
| (5) Ryan Anglin | 0.50 | v | | | | | | 0. | 0. | 0. |
| Member | 0.50 | X | | _ | | | | 0. | | |
| (6) Susan Anglin Member | 0.50 | Х | | | | | | 0. | 0. | 0. |
| (7) Jerry Beaver | 0.50 | ^ | | | | - | | 0. | | |
| Member | 0.50 | X | | | | | | 0. | 0. | 0. |
| (8) Scott Belts | 0.30 | ^ | - | | | ┼ | | | | |
| Member | 0.50 | х | | | | | | 0. | 0. | 0. |
| (9) Tim Crawley | | - | | | | T | | | | |
| Member | 0.50 | Х | | | | | | 0. | 0. | 0. |
| (10) Ted Dorn | | | | | | | | | | |
| Member | 0.50 | Х | | | | | | 0. | 0. | 0. |
| (11) Carrie Elkins | | | | | | | | | | |
| Member | 0.50 | X | | | | | | 0. | 0. | 0. |
| (12) Jim Griffin | | | | | | | | | | |
| Member | 0.50 | X | | | L | | | 0. | 0. | 0. |
| (13) Bill Haak | | | | | | | | | | _ |
| Member | 0.50 | X | | | | $oxed{oxed}$ | | 0. | 0. | 0. |
| (14) Jake Haak | | | | | | | | _ | _ | _ |
| Member | 0.50 | X | | | <u> </u> | <u> </u> | | 0. | 0. | 0. |
| (15) Charles Hodges | | | | | | | | | | • |
| Member | 0.50 | X | | | | ļ | L_ | 0. | 0. | 0. |
| (16) Ross Lockhart | | | | | | | | | | ^ |
| Member | 0.50 | X | | L | _ | ├ | ļ., | 0. | 0. | 0. |
| (17) Don Mayer | 0.50 | | | | | | 1 | _ | | ^ |
| Member 132007 01.22.12 | 0.50 | X | L., | | <u> </u> | <u>L</u> _ | | 0. | 0. | 0 . Form 990 (2011) |

| Part VII Section A. Officers, Directors, (A) | (B) | | | (0 | C) | | | (D) | (E) | | (F) |
|---|----------------------------|--------------|------------------|-----------------|--------------|------------------------------|--|--|--|---------------------------------------|------------------------|
| Name and title | Average hours per | | not c | | more | than | | Reportable | Reportable | | timated |
| | week | offi | , unle cer an | ss pe id a d | rson | is bot or/trus | h an tee) | compensation from | compensation from related | | other |
| | (describe | director | | i | | ľ | ĺ | the | organizations | | pensation |
| | hours for related | P | 8 | | | ated | | organization | (W-2/1099-MISC) | l . | om the |
| | organizations | Trustee or | I trustee | ļ | 8 | mocu | 1 | (W-2/1099-MISC) | | _ | anızatıon d related |
| | in Schedule O) | Individual | Institutional t | Officer | Кеу етріоуве | Highest compensated employee | Former | | | 1 | anizations |
| (18) Chuck Mayo | | | -= | • | 2 | Ξ. | <u> </u> | 0. | | | |
| Member (19) James Patton | 0.50 | X | | _ | - | | - | 0. | 0. | | 0. |
| Member | 0.50 | Х | | | | 1 | | 0. | 0. | | 0. |
| (20) Billy Sharp | | | | ļ | - | | 1 | | | | |
| Member | 0.50 | x | | | | | | 0. | 0. | | 0. |
| (21) James Simpson | | | | | | | | | | | |
| Member | 0.50 | X | | | | L | | 0. | 0. | ļ | 0. |
| (22) Jim Singleton | | | | | | | | | | | |
| Member | 0.50 | X | <u> </u> | | | ļ | _ | 0. | 0. | | 0. |
| (23) Kevin Smith | 0.50 | | | | l | | | | 0. | | 0. |
| Member 0.50 X 0. | | | | | | | | <u> </u> | ļ <u>-</u> - | 0. | |
| (24) John Spain Member | 0.50 | Х | | | | | | 0. | 0. | | 0. |
| (25) Rickie Stark | - 0.50 | A | | | <u> </u> | | | - | | - | |
| $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ | | | | | | | | 0. | | | |
| (26) Brian Yarbrough | | | | | | \Box | | | | | |
| Member | 0.50 | Х | | | | | | 0. | 0. | <u> </u> | 0. |
| 1 b Sub-total | | | | | | | | 0. | 0. | ļ | 0. |
| c Total from continuation sheets to Pa | rt VII, Section A | | | | | | | 0. | 0. | ļ <u></u> | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 0. | 0. | İ | 0 . |
| 2 Total number of individuals (including b | | ose | liste | ed al | bove | e) wi | no r | eceived more than \$100 | ,000 of reportable | | (|
| compensation from the organization | | | | • | - | | - | | | | Yes No |
| 3 Did the organization list any former offi | cer, director, or tru | ıste | e. ke | v er | nolo | ovee | . or | highest compensated e | mplovee on | · · · · · · · · · · · · · · · · · · · | |
| line 1a? If "Yes," complete Schedule J i | | | 0, 110 | ,, 0. | | ,,,, | , 0. | ,,,g,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 3 | Х |
| 4 For any individual listed on line 1a, is th | | le co | omp | ensa | atior | n and | d ot | her compensation from | the organization | | |
| and related organizations greater than | \$150,000? <i>If</i> "Yes, | " co | mple | ete S | Sche | edule | e J i | for such individual | | 4 | X |
| 5 Did any person listed on line 1a receive | or accrue comper | nsat | ion f | rom | any | unr/ | elat | ed organization or indivi | dual for services | | |
| rendered to the organization? If "Yes," | complete Schedul | e <i>J f</i> | or su | ıch | per | son | | | ······································ | 5 | X |
| Section B. Independent Contractors | | | | | | | | | | | |
| 1 Complete this table for your five highes | | | | | | | | | | sation 1 | rom |
| the organization. Report compensation (A) | for the calendar y | ear (| endi | ng v | vitn | or w | <u>Itnir</u> | the organization's tax (B) | /ear. | ((| <u></u> |
| رم) Name and busin | ess address | NO | ONE | Ξ. | | | | Description of s | ervices | Compe | nsation |
| | | | | | | | | | | | |
| | | | | | | | | | | | <u></u> |
| | | | | | _ | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 2 Total number of independent contracto | rs (including but n | ot li | mite | d to | tho | se (I | stec | d above) who received m | ore than | | |
| \$100,000 of compensation from the organic | | | | | (| 0 | | · | | | <u> </u> |
| See Part VII, Secti | ion A Cont | tir | nua | at: | io | n s | sh | eets | | Form | 990 (2011 |

| <u> </u> | | *** | Otatement of Never | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|--|---------|-------------|--|------------------|-------------------------|----------------------|--|---|---|
| Contributions, Gifts, Grants and Other Similar Amounts | | b c d | Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributi | | | | , | | |
| Contribution and Other | | 9 | All other contributions, gifts, grant similar amounts not included above Noncash contributions included in lines Total. Add lines 1a-1f | /e 1f | | | | | |
| | 2 | • | Membership Dues | | Business Code 110000 | 121,482. | 121,482. | | |
| Program Service Revenue | | c d e | All other program service reve | | | | | | |
| | | | Total. Add lines 2a-2f | ilde | • | 121,482. | | | |
| | 3 | | Investment income (including | dıvıdends, inter | est, and | | | | |
| | 4 | | other similar amounts) Income from investment of tax | | > | 449. | | | 449. |
| | 5 | | Royalties | | > | 1,672. | | | 1,672. |
| | | | | (i) Real | (II) Personal | | | | |
| | 6 | а | Gross rents | 2,500. | | | , | | |
| | | þ | Less rental expenses | 0. | | | | | |
| | | C | Rental income or (loss) | 2,500 | | 0 500 | | | 2 500 |
| ŀ | | | Net rental income or (loss) | | <u> </u> | 2,500. | | | 2,500. |
| | 7 | а | Gross amount from sales of | (i) Securities | (II) Other | | | | |
| | | | assets other than inventory | | ļ | | | | |
| | | Ь | Less: cost or other basis | | | | | | |
| | | | and sales expenses | | | | | | |
| İ | | | Gain or (loss) | L | | | | | |
| | | | Net gain or (loss) | = avanta (not | | | | | |
| Other Revenue | 8 | а | Gross income from fundraising including \$ | of | | | | | |
| e l | | | contributions reported on line | | | | | | |
| ا قر | | L | Part IV, line 18 | a b | | | | | |
| ಕ | | | Less direct expenses Net income or (loss) from fund | | D | | | į | |
| | 9 | | Gross income from gaming ac | = | | | | | |
| - [| • | _ | Part IV, line 19 | a | l | | | | |
| | | ь | Less direct expenses | b | | | | | |
| | | | Net income or (loss) from gam | ing activities | | | | | |
| | 10 | | Gross sales of inventory, less | | | | | | |
| | | | and allowances | а | | | | | |
| | | b | Less. cost of goods sold | b | | | | | |
| Į | | С | Net income or (loss) from sale | s of inventory | | | | | |
| | | | Miscellaneous Revenu | | Business Code | | | 047 546 | |
| | 11 | _ | Insurance Servi | ce Fees | 524298 | 247,540. | | 247,540. | 1 576 |
| | | b | Miscellaneous | | 900099 | 1,576. | | | 1,576. |
| | | C | | | | | | | |
| | | - | All other revenue | | | 249,116. | | | |
| | | e | Total. Add lines 11a-11d | | | 375,219. | 121 482 | 247,540. | 6,197. |
| 13200 | 12 9 | | Total revenue. See instructions | | | 313,213. | 121/302. | | Form 990 (2011) |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| | Check if Schedule O contains a respons | | s Part IX | | |
|----|--|-----------------------|------------------------------|-------------------------------------|--|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and | | | | |
| | organizations in the United States See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to individuals in | | | | |
| | the United States. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the | | | | |
| | United States. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | | | | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | 1 | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 214,956. | | | |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and section 403(b) employer contributions) | 4,903. | | | |
| 9 | Other employee benefits | 12,639. | | | |
| 10 | Payroll taxes | 17,980. | | | |
| 11 | Fees for services (non-employees): | | | | |
| а | Management | | | | |
| b | Legal | | | | |
| c | Accounting | 600. | | | |
| d | Lobbying | | | | |
| e | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| 9 | Other | | | | |
| 12 | Advertising and promotion | 2,804. | | | |
| 13 | Office expenses | 23,206. | | | |
| 14 | Information technology | | | | |
| 15 | Royalties | 40 200 | | | |
| 16 | Occupancy | 49,390. | | | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | 12 716 | | <u> </u> | |
| 19 | Conferences, conventions, and meetings | 12,716. | | | |
| 20 | Interest | | , | | |
| 21 | Payments to affiliates | 20,351. | | | |
| 22 | Depreciation, depletion, and amortization | 908. | | <u> </u> | |
| 23 | Insurance | 300. | | | |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | | | |
| а | Leased Equipment | 7,286. | | | |
| b | Youth and Safety | 6,639. | | | |
| С | Miscellaneous | 175. | | | |
| d | | | | | |
| е | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 374,553. | | | |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation | | | | |
| | Check here If following SOP 98-2 (ASC 958-720) | | | <u> </u> | <u></u> |

| Pa | τX | Balance Sheet | | | | |
|-----------------------------|-----|--|------------------------------|--------------------------|----------------|--------------------|
| | • | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | 59,660. | 1 | 50,934. |
| | 2 | Savings and temporary cash investments | | 86,685. | 2 | 87,134. |
| | 3 | Pledges and grants receivable, net | | | 3 | |
| | 4 | Accounts receivable, net | | | 4 | |
| | 5 | Receivables from current and former officers, di | rectors, trustees, key | | | |
| | | employees, and highest compensated employe | es. Complete Part II | | | |
| | | of Schedule L | | | 5_ | |
| | 6 | Receivables from other disqualified persons (as | defined under section | | | |
| | | 4958(f)(1)), persons described in section 4958(c |)(3)(B), and contributing | | | |
| | | employers and sponsoring organizations of sect | ion 501(c)(9) voluntary | | | |
| | | employees' beneficiary organizations (see instru | ctions) | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | | 7 | |
| Ass | 8 | Inventories for sale or use | | | 8 | |
| • | 9 | Prepaid expenses and deferred charges | | | 9 | |
| | 10a | Land, buildings, and equipment, cost or other | | | | |
| | | basis. Complete Part VI of Schedule D | 10a 741,209. 10b 313,965. | | | |
| | b | Less: accumulated depreciation | 10ь 313,965. | 419,259. | 10c | 427,244. |
| | 11 | Investments - publicly traded securities | | 11 | | |
| | 12 | Investments - other securities. See Part IV, line | | 12 | | |
| | 13 | Investments - program-related. See Part IV, line | | 13 | | |
| | 14 | Intangible assets | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equ | al line 34) | 565,604. | 16 | 565,312. 662. |
| | 17 | Accounts payable and accrued expenses | 491. | 17 | 662. | |
| | 18 | Grants payable | | 18 | | |
| | 19 | Deferred revenue | 35,426. | 19 | 34,297. | |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| S | 21 | Escrow or custodial account liability. Complete | Part IV of Schedule D | | 21 | |
| Liabilities | 22 | Payables to current and former officers, director | s, trustees, key employees, | | | |
| iabi | | highest compensated employees, and disqualifi | ed persons. Complete Part II | | | |
| | | of Schedule L | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrela | ated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelate | d third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, pa | yables to related third | | | |
| | | parties, and other liabilities not included on lines | 17-24). Complete Part X of | | | |
| | | Schedule D | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | 35,917. | 26 | 34,959. |
| | | Organizations that follow SFAS 117, check he | ere 🕨 📖 and complete | | | |
| es | ļ | lines 27 through 29, and lines 33 and 34. | | | | |
| J. | 27 | Unrestricted net assets | | | 27 | |
| 3ali | 28 | Temporarily restricted net assets | | | 28 | |
| Ā | 29 | Permanently restricted net assets | | | 29 | ··········· |
| Ē | | Organizations that do not follow SFAS 117, c | heck here 🕨 🔀 and | | | |
| ō | | complete lines 30 through 34. | | | | • |
| ets | 30 | Capital stock or trust principal, or current funds | | 0. | | 0. |
| Ass | 31 | Paid-in or capital surplus, or land, building, or ed | quipment fund | 0. | 31 | 0. |
| Net Assets or Fund Balances | 32 | Retained earnings, endowment, accumulated in | come, or other funds | 529,687. | 32 | 530,353. |
| Z | 33 | Total net assets or fund balances | | 529,687. | | 530,353. |
| | 34 | Total liabilities and net assets/fund balances | | 565,604. | 34 | 565,312. |

| Form | 990 (2011) Benton County Farm Bureau | 71-029 | <u> 1410 </u> | Pag | <u>je 12</u> | | | |
|------|--|------------|---------------|---------------|---|--|--|--|
| Pa | rt XI Reconciliation of Net Assets | | | | | | | |
| | Check if Schedule O contains a response to any question in this Part XI | | | | | | | |
| | | • | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | <u> 19.</u> | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 374 | | 53. 66. | | | |
| 3 | 3 Revenue less expenses. Subtract line 2 from line 1 | | | | | | | |
| 4 | 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | | | | | | | |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | | | 0. | | | |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 530 |) <u>,3</u> | 53. | | | |
| Pa | rt XII Financial Statements and Reporting | | | | | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | | | <u></u> | | | |
| | | | | Yes | No | | | |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | Ο. | | | | | | |
| 2a | and the second s | | 2a | | <u>X</u> | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | X | | | |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audit, | | | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | | , , , , , , , , , , , , , , , , , , , | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sch | edule O. | | | | | | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue | d on a | | | | | | |
| | separate basis, consolidated basis, or both: | | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | ngle Audit | | | | | | |
| | Act and OMB Circular A-133? | | 3a | | <u>X</u> | | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | ired audit | | | | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | | 3ь | | | | | |
| | | | Form 9 | 9 90 (| 2011) | | | |

SCHEDULE Ç

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations. Complete Part I-A only.

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

| Part I-A Complete if the organization is exempt under section 501(c) or is a section 5 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political expenditures | Emplo | yer identification number |
|---|------------------|---|
| Part I-A Complete if the organization is exempt under section 501(c) or is a section 5 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. | | |
| Provide a description of the organization's direct and indirect political campaign activities in Part IV. | | 71-0291410 |
| · · · · · · · · · · · · · · · · · · · | 327 org | ganization. |
| 3 Volunteer hours | ▶ \$_ | |
| Part I-B Complete if the organization is exempt under section 501(c)(3). | | |
| 1 Enter the amount of any excise tax incurred by the organization under section 4955 | ▶\$_ | |
| 2 Enter the amount of any excise tax incurred by organization managers under section 4955 | ▶ \$_ | |
| 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? | | Yes No |
| 4a Was a correction made? | | Yes No |
| b If "Yes," describe in Part IV. | == | |
| Part I-C Complete if the organization is exempt under section 501(c), except section | |)(3). |
| 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities | ▶\$_ | |
| 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 | | |
| exempt function activities | ▶\$_ | |
| 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, | • | |
| line 17b | > \$ _ | Yes No |
| 4 Did the filing organization file Form 1120-POL for this year? | طميطيييم | |
| 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations t made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also e | | |
| contributions received that were promptly and directly delivered to a separate political organization, such as a separate political organization. | | |
| political action committee (PAC). If additional space is needed, provide information in Part IV. | | |
| | L | (e) Amount of political |
| (a) Name (b) Address (c) EIN (d) Amount paid | | |
| filing organization | | contributions received and promptly and directly |
| | | promptly and directly delivered to a separate |
| filing organization | | promptly and directly delivered to a separate political organization. |
| filing organization | | promptly and directly delivered to a separate |
| filing organization | | promptly and directly delivered to a separate political organization. |
| filing organization | | promptly and directly delivered to a separate political organization. |
| filing organization | | promptly and directly delivered to a separate political organization. |
| filing organization | | promptly and directly delivered to a separate political organization. |
| filing organization | | promptly and directly delivered to a separate political organization. |
| filing organization | | promptly and directly delivered to a separate political organization. |
| filing organization | | promptly and directly delivered to a separate political organization. |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2011

| Schedule C (Form 990 or 990-EZ) 2011 | | | | | | 0291410 Page 2 |
|--|--------------|---------------------|--------------------------|---------------------------|--|-----------------------------|
| Part II-A Complete if the or | | | mpt under section | on 501(c)(3) and file | ed Form 5768 | |
| (election under see | | | | | | |
| | | | | n Part IV each affiliated | group member's nar | me, address, EIN, |
| expenses, and sha | | | | | | |
| B Check If the filing organization | ation check | ed box A a | nd "limited control" pr | ovisions apply. | | |
| Lim | its on Lob | bying Expe | nditures | | (a) Filing organization's | (b) Affiliated group totals |
| (The term "expen | ditures" m | neans amoi | ints paid or incurred | .) | totals | totais |
| 1a Total labbung avanditures to inf | | | (| | | |
| 1a Total lobbying expenditures to infib Total lobbying expenditures to infi | • | • | | } | | |
| c Total lobbying expenditures (add | | | dy (direct lobbyling) | ł | | |
| d Other exempt purpose expenditure | | u 1 <i>0)</i> | | ł | | |
| e Total exempt purpose expenditure | | e 1c and 1 | 4/ | | | |
| f Lobbying nontaxable amount. Ent | • | | • | th columns | | |
| If the amount on line 1e, column (a) | | | bying nontaxable an | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| Not over \$500,000 | ui (u) ia | | the amount on line 1e | | | |
| Over \$500,000 but not over \$1,00 | 0.000 | | 00 plus 15% of the exc | | | |
| Over \$1,000,000 but not over \$1,5 | | | 00 plus 10% of the exc | | | |
| Over \$1,500,000 but not over \$17 | | | 00 plus 5% of the exce | | | |
| Over \$17,000,000 | ,000,000 | \$1,000, | | | | |
| 3.0. \$1.,000,000 | ·-···· | \$1,000, | | | | |
| g Grassroots nontaxable amount (er | nter 25% o | f line 1f) | | · | | |
| h Subtract line 1g from line 1a. If zei | | • | | | | |
| i Subtract line 1f from line 1c. If zero | • | | | | | |
| j If there is an amount other than ze | ero on eithe | er line 1h or | line 11, did the organiz | ation file Form 4720 | | |
| reporting section 4911 tax for this | _ | | | | | Yes No |
| | | 4-Year Ave | eraging Period Under | Section 501(h) | | |
| | | | | n do not have to comp | | |
| CC | olumns be | low. See th | e instructions for line | es 2a through 2f on pa | ge 4.) | |
| | Lobb | ying Expe | nditures During 4-Ye | ar Averaging Period | | |
| Calendar year | (a) | 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) Total |
| (or fiscal year beginning in) | (4) | 2000 | (6) 2003 | (0) 2010 | (0) 2011 | (6) 10(4) |
| | | | | | | |
| 2a Lobbying nontaxable amount | } | | | 1 | | |
| b Lobbying ceiling amount | | | | | ······································ | |
| (150% of line 2a, column(e)) | } | | | | | |
| | | | | | | |
| c Total lobbying expenditures | 1 | | | | | |
| | | | | | | |
| d Grassroots nontaxable amount | | | | | | |
| e Grassroots ceiling amount | | 7 | | | | |
| (150% of line 2d, column (e)) | | ****** | | | | |
| | | | | | | |
| f Grassroots lobbying expenditures | ĺ | | | (| | 1 |

Schedule C (Form 990 or 990-EZ) 2011 Benton County Farm Bureau 71-0291410 Page 3
Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For e | ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description | | a) | (1 | b) |
|-------|---|------------------|--|---------------|---|
| | e lobbying activity. | Yes | No | Ame | ount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or | | | | *************************************** |
| | local legislation, including any attempt to influence public opinion on a legislative matter | | | | |
| | or referendum, through the use of: | | | | |
| а | Volunteers? | | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | |
| C | Media advertisements? | | | | |
| đ | Mailings to members, legislators, or the public? | | <u> </u> | | |
| е | Publications, or published or broadcast statements? | | | | |
| f | Grants to other organizations for lobbying purposes? | | | <u> </u> | |
| 9 | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | <u> </u> | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | ļ | | |
| i | Other activities? | | | | |
| j | Total. Add lines 1c through 1i | | <u> </u> | | |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | A111111 1 111111 | Į | <u> </u> | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | | |
| C | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | |
| | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | <u> </u> | ــــــ | |
| Par | t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). | ion 501(c) | (5), or s | ection | |
| | | | | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | 1 | X | ļ |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | 2 | X | <u> </u> |
| 3 | Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4). | | 3 | J | X |
| 1 | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members | | 1 | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political | ical | | | |
| | expenses for which the section 527(f) tax was paid). | | | | |
| а | Current year | | 2a | | |
| ь | Carryover from last year | | 2b | | |
| c | Total | | <u>2c</u> | | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | | 3 | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex | cess | | | |
| | does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and | political | | | |
| | expenditure next year? | | 4 | | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | | 5 | | |
| سسنت | t IV Supplemental Information | | | | |
| | plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; F part for any additional information. | Part II-A; and | Part II-B, | line 1. Also, | complete |
| | | | | | |
| | _ | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

| - | Benton County Farm Bureau | 71-0291410 |
|----------|---|--|
| Pa | | ' Accounts. Complete if the |
| | organization answered "Yes" to Form 990, Part IV, line 6. | |
| | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | |
| 2 | Aggregate contributions to (during year) | |
| 3 | Aggregate grants from (during year) | |
| 4 | Aggregate value at end of year | · |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised in | runds |
| | are the organization's property, subject to the organization's exclusive legal control? | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be use | d only |
| | for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose con | ferring |
| | Impermissible private benefit? | Yes No |
| Pa | rt II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part | IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization (check all that apply). | |
| | Preservation of land for public use (e.g., recreation or education) | cally important land area |
| | Protection of natural habitat Preservation of a certified | historic structure |
| | Preservation of open space | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a | conservation easement on the last |
| | day of the tax year. | |
| | | Held at the End of the Tax Year |
| а | Total number of conservation easements | 2a |
| b | Total acreage restricted by conservation easements | 2b |
| C | Number of conservation easements on a certified historic structure included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure | |
| | listed in the National Register | 2d |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization | ganization during the tax |
| | year ▶ | |
| 4 | Number of states where property subject to conservation easement is located ▶ | |
| 5 | Does the organization have a written policy regarding the periodic monitoring, inspection, handling of | |
| | violations, and enforcement of the conservation easements it holds? | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during | |
| 7 | Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the | year ► \$ |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4 | |
| | and section 170(h)(4)(B)(ii)? | Yes No |
| 9 | In Part XIV, describe how the organization reports conservation easements in its revenue and expense sta | tement, and balance sheet, and |
| | include, if applicable, the text of the footnote to the organization's financial statements that describes the | organization's accounting for |
| 1-22 | conservation easements. | |
| Pa | rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other | r Similar Assets. |
| | Complete if the organization answered "Yes" to Form 990, Part IV, line 8. | |
| 1a | If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement | |
| | historical treasures, or other similar assets held for public exhibition, education, or research in furtherance | of public service, provide, in Part XIV, |
| | the text of the footnote to its financial statements that describes these items. | |
| b | If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and | |
| | treasures, or other similar assets held for public exhibition, education, or research in furtherance of public | service, provide the following amounts |
| | relating to these items. | |
| | (i) Revenues included in Form 990, Part VIII, line 1 | ► \$ ► \$ |
| | (ii) Assets included in Form 990, Part X | > \$ |
| 2 | If the organization received or held works of art, historical treasures, or other similar assets for financial ga | n, provide |
| | the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: | |
| а | Revenues included in Form 990, Part VIII, line 1 | > \$ |
| b | Assets included in Form 990, Part X | > \$ |

| | dule D (Form 990) 2011 Benton | | | | | | | | | Page 2 |
|-------|---|-----------------|-------------------|---|----------------|---------------|-------------|------------|-------------|--|
| Pa | rt III Organizations Maintaining (| Collections | of Art, | Historical T | reasures, c | or Other | Similar | Asse | ts (contir | nued) |
| 3 | Using the organization's acquisition, access | ion, and other | records, | check any of the | following that | at are a sign | uficant use | e of its | collection | ıtems |
| | (check all that apply): | | | | | | | | | |
| а | Public exhibition | | d | Loan or exc | change progra | ams | | | | |
| b | Scholarly research | | е | Other | | | | | | |
| С | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's c | ollections and | explain h | now they further | the organizati | on's exemp | ot purpose | ın Pari | XIV. | |
| 5 | During the year, did the organization solicit of | | | | | | | | | |
| | to be sold to raise funds rather than to be m | aintained as p | art of the | organization's c | ollection? | | | $_ \Box$ | Yes | No_ |
| Pa | Escrow and Custodial Arran reported an amount on Form 990, Pa | | Complete | of the organization | on answered | "Yes" to Fo | orm 990, P | 'art IV, I | ine 9, or | |
| 1a | Is the organization an agent, trustee, custod | | termediai | ry for contribution | ns or other as | sets not in | cluded | | | |
| | on Form 990, Part X? | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | Yes | ☐ No |
| ь | If "Yes," explain the arrangement in Part XIV | and complete | the follo | wing table: | | | | | _ | |
| | | | | | | | | | Amount | |
| С | Beginning balance | | | | | | 1c | | | |
| | Additions during the year | | | | | | 1d | | | |
| e | Distributions during the year | | | | | | 1e | | | |
| f | Ending balance | | | | | | 1f | | | |
| 2a | Did the organization include an amount on F | orm 990. Part | X. line 21 | 1? | | | | | Yes | □ No |
| | If "Yes," explain the arrangement in Part XIV | | . , | | | | | | _ | |
| Par | | | tion answ | rered "Yes" to Fo | orm 990, Part | IV, line 10. | | | | |
| | | (a) Current | year | (b) Prior year | (c) Two year | rs back (d) | Three year | rs back | (e) Four | years back |
| 1a | Beginning of year balance | | | | | | | | | |
| ь | Contributions | | | | | | | | ******** | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| С | Net investment earnings, gains, and losses | | | | <u> </u> | | | | | |
| d | Grants or scholarships | | | | | | | | *********** | ***** |
| е | Other expenditures for facilities | | | | | | | | | |
| | and programs | | | | Ì | | | | | |
| f | Administrative expenses | | | | | | | | | |
| g | End of year balance | | | | | | | | ***** | |
| 2 | Provide the estimated percentage of the cur | rent vear end | balance (| line 1g, column (| a)) held as: | | | | | |
| а | Board designated or quasi-endowment | • | - | % | | | | | | |
| b | Permanent endowment ▶ | % | | | | | | | | |
| С | Temporarily restricted endowment ▶ | | % | | | | | | | |
| | The percentages in lines 2a, 2b, and 2c show | uld equal 1009 | %. | | | | | | | |
| 3a | Are there endowment funds not in the posse | ession of the c | rganizatio | on that are held a | and administe | red for the | organizati | ion | | |
| | by. | | _ | | | | | | | Yes No |
| | (i) unrelated organizations | | | | | | | | 3a(i) | |
| | (ii) related organizations | | | | | | | | 3a(ii) | |
| b | If "Yes" to 3a(ii), are the related organizations | s listed as req | uired on S | Schedule R? | | | | | 3b | |
| 4 | Describe in Part XIV the intended uses of the | organization | s endowr | ment funds | | | | | | |
| Par | | | | | | | | | | |
| | Description of property | (a) Co | st or othe | er (b) Cost | t or other | (c) Acci | umulated | | (d) Book | value |
| | | basis (i | nvestmer | · | (other) | depre | ciation | | | |
| 1a | Land | | | | 7,691. | | | | | ,691. |
| b | Buildings | | | 58 | 6,083. | 26 | 6,728 | }. | 319 | ,355. |
| С | Leasehold improvements | | | | | | | | | |
| d | Equipment | | | 4 | 1,921. | 4 | 1,723 | | | 198. |
| е_ | Other | | | | 5,514. | | 5,514 | 1. | | 0. |
| Total | Add lines 1a through 1e (Column (d) must e | gual Form 00 |) Part Y | column (R) line | 10(c)) | | | ▶ | 427 | .244. |

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011

132053 01-23-12

| | dule D (Form 990) 2011 Benton County Farm Bureau | | | | 410 Page 4 |
|--------|---|---------------------|-------------|----------|-------------|
| Pa | t XI Reconciliation of Change in Net Assets from Form 990 to | Audited Fina | ancial Stat | ements | |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | | 1 | | |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | | 2 | | |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | | 3 | | |
| 4 | Net unrealized gains (losses) on investments | | 4 | | |
| 5 | Donated services and use of facilities | | 5 | | |
| 6 | Investment expenses | | 6 | | |
| 7 | Prior period adjustments | | 7 | | |
| 8 | Other (Describe in Part XIV.) | | 8 | | |
| 9 | Total adjustments (net). Add lines 4 through 8 | | 9 | | |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and | 19 | 10 | | |
| Par | t XII Reconciliation of Revenue per Audited Financial Stateme | <u>nts With Rev</u> | enue per | Return | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | 1 1 | | | |
| а | Net unrealized gains on investments | 2a | | ⊣ | |
| b | Donated services and use of facilities | 2b | | - | |
| С | Recoveries of prior year grants | 2c | | 4 | |
| d | Other (Describe in Part XIV.) | 2d | | - | |
| е | Add lines 2a through 2d | | | 2e | · |
| 3 | Subtract line 2e from line 1 | | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | 1 1 | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | _ | |
| b | Other (Describe in Part XIV.) | 4b | | - | |
| _ | Add lines 4a and 4b | | | 4c | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | - A - Mist Free | | 5 Dots. | |
| | t XIII Reconciliation of Expenses per Audited Financial Stateme | ents with Exp | penses pe | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| a | Donated services and use of facilities | 2a | | - | |
| b | Prior year adjustments | 2b | | - | |
| ٦ | Other losses | 2c | | ⊣ | |
| d | Other (Describe in Part XIV.) | 2d | | | |
| 3 | Add lines 2a through 2d Subtract line 2e from line 1 | | | 3 | |
| 4 | | | | 3 | |
| | Amounts included on Form 990, Part IX, line 25, but not on line 1: investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| о Ь | Other (Describe in Part XIV.) | 4b | | ┥ | |
| • | Add lines 4a and 4b | 40 | | - 4c | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | | 5 | |
| | t XIV Supplemental Information | | | | |
| | olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III e 2; Part XI, line 8; Part XII, lines 2d and 4b. Also compl | | | | |
| | | | | | |
| | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | | |
| | | | | | |

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

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 Open to Public Inspection

Name of the organization

Benton County Farm Bureau

Employer identification number 71-0291410

| Form 990, Part VI, Section A, line 2: Ryan Anglin and Susan Anglin - |
|---|
| family relationship |
| Bill Haak and Jake Haak - family relationship |
| Bob Shofner and James Patton - family relationship |
| |
| Form 990, Part VI, Section A, line 6: The Organization is a mutual |
| benefit organization with members. |
| |
| Form 990, Part VI, Section A, line 7a: The board is elected annually by |
| the general membership. Officers are elected by the board. |
| |
| Form 990, Part VI, Section A, line 7b: Policy resolutions are subject to |
| member approval. |
| |
| Form 990, Part VI, Section B, line 11: The Executive Committee, Office |
| Manager and bookkeeper review the 990 each year. It is then signed by the |
| Board President. |
| <u> </u> |
| Form 990, Part VI, Section B, Line 12c: Conflict of interest policy |
| compliance is addressed annually at an Executive Committee meeting. |
| |
| Form 990, Part VI, Section B, Line 15: The Organization does not have |
| compensated officers or management officials. |
| |
| Form 990, Part VI, Section C, Line 19: These documents are not available |
| to the public. |

| orm 990 (2011) Benton C | ounty Fa | <u>a 1 1</u> | 11 1 | <u>su</u> | Lec | <u>au</u> | | | | 1410 |
|---|-------------------------|--------------------------------|-------------------------------------|-----------|--------------|------------------------------|--------|--|--|---|
| Part VII Section A. Officers, Directors, Tr | ustees, Key Eı | mple | уее | es, a | nd h | ligh | est | Compensated Employ | rees (continued) | |
| ' (A) Name and title | (B) Average hours | 1 | (C) Position (check all that apply) | | | | | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of |
| | per week | Individual frustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| 27) Kent Swinney | | | | | | | | | | |
| (ember | 0.50 | X | | | | | | 0. | 0. | |
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