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Internal Revenue Service

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

Open to Public Inspection

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

A I	For the	2012 calendar year, or tax year beginning $NOV \ 1$, $\ 2012$ and ending	g OCT 31, 201	3							
В	Check if applicable	C Name of organization	D Employer ident	ification number							
	Address change	Benton County Farm Bureau									
	Name change	Doing Business As	71-	0291410							
	Initial		toom/suite E Telephone number								
	Termin-	P.O. Box 450									
	Amende		G Gross receipts \$	385,360.							
	Applica		H(a) Is this a group	return							
	pending	F Name and address of principal officer:Bob Shofner	for affiliates?	Yes X No							
	same as C above H(b) Are all affiliates included? Yes No										
		mpt status: 501(c)(3)X 501(c)(5) ◀ _(insert no) 4947(a)(1) or	527 If "No," attach	a list. (see instructions)							
		: ► www.arfb.com/benton	H(c) Group exemp								
			Year of formation 1950	M State of legal domicile AR							
P		Summary	·								
ë	1 E	riefly describe the organization's mission or most significant activities Agricul	tural Promoti	<u>on</u>							
Activities & Governance	_										
/er		theck this box If the organization discontinued its operations or disposed of	!								
9	1	lumber of voting members of the governing body (Part VI, line 1a)	 -	25							
9	I	lumber of independent voting members of the governing body (Part VI, line 1b)	 								
ţį	1	otal number of individuals employed in calendar year 2012 (Part V, line 2a)	F	44							
ξį		otal number of volunteers (estimate if necessary)	F	252 270							
Ac	1	otal unrelated business revenue from Part VIII, column (C), line 12	<u> </u>	a 25/,3/8. b 0.							
	D I	let unrelated business taxable income from Form 990-T, line 34	Prior Year	Current Year							
	8 0	contributions and grants (Part VIII, line 1h)	Prior real 0								
Revenue		rogram service revenue (Part VIII, line 2g)	121,482								
š	10 1	exestment income (Part VIII, column (A), lines 3, 4, an RECEIVED	449								
æ	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10e, and 11e)	253,288								
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	375,219								
	13 0	irants and similar amounts paid (Part IX, column(A), lines-13)	0								
	1	enefits paid to or for members (Part IX, column (A), lline 4)	0	. 0.							
Ś	15 S	alaries, other compensation, employee benefits (Part X) (Olymph Mines 5,10)	250,478	260,471.							
Expenses	16a P	rofessional fundraising fees (Part IX, column (A) line 11e)	0	0.							
xpe	b T	otal fundraising expenses (Part IX, column (D), line 25)									
ш	17 C	other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	124,075								
	18 T	otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	374,553								
	19 F	evenue less expenses. Subtract line 18 from line 12	666								
Soci			Beginning of Current Yea								
sset	20 T	otal assets (Part X, line 16)	565,312								
Net Assets or Fund Balances	21 T	otal liabilities (Part X, line 26)	34,959								
캺	22 1	let assets or fund balances. Subtract line 21 from line 20	530,353	. 521,392.							
	art II	Signature Block	A-AA								
		ies of perjury, I declare that I have examined this return, including accompanying schedules and s		my knowledge and delief, it is							
true	, correct,	and complete Declaration of preparer (other than officer) is based on all information of which pre	eparer has any knowledge	w/							
Sig	.	Signature of officer of		1							
Her		Bub Shofrer President: Benton Co. Far	~ Bureau Boa	· cl							
1101	٠	Type or print name and title	W DOVE	<u> </u>							
_		Print/Type preparer's name Preparer's signature	Date , Check	PTIN							
Palo		Maria K. Bean Main K Ray Cha	4/3//4 If self-em	P00941762							
		Firm's name Thomas & Thomas LLP	Firm's EIN	71-0271741							
	· -	Firm's address 201 E. Markham, Suite 500									
_		Little Rock, AR 72201	Phone no	(501) 375-2025							
May	the IR	S discuss this return with the preparer shown above? (see instructions)		X Yes No							
2220	n	13 LHA For Panerwork Reduction Act Notice see the separate instructions		Form 990 (2012)							

	1990 (2012) 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		
		 -	
			<u> </u>
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 services?	Vec	X No
•	If "Yes," describe these changes on Schedule Q.	163	22 140
4			
4	Describe the organization's program service accomplishments for each of its three largest program services, as i		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses, a	and
	revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$including grants of \$) (Revenue	:\$)
	County Farm Bureau work is general in nature, helping fa		
	achieve educational improvemenets, economic opportunity,	and social	
	advancement.		
4b	(Code) (Expenses \$	S .)
			<u> </u>
		<u> </u>	
			
4c	(Code) (Expenses \$ including grants of \$) (Revenue	;\$,
		<u> </u>	
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ Including grants of \$) (Revenue \$	}	
	Total program service expenses		

Form 990 (2012) Benton County Farm Bureau

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			v
_	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		^
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		Х
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3	 	
~	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	_ <u>~</u> _		
	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			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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		X
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	ļ	X
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,	44-	х	
	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	A	
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	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 and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			17
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	_	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	X
14a		14a		
D	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		х
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		Х
17	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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	Х
19	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	<u> </u>	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	 	X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	990	(0040)
		rom	・フラレ(2012

Form 990 (2012)* Benton County Farm Bureau

Part IV Checklist of Required Schedules (continued)

····			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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	Ì		
	Schedule J	23		<u>X</u>
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	}		
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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, highest compensated employee, or disqualified			v
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u>X</u>
27	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	0.7		Х
20	of any of these persons? If "Yes," complete Schedule L, Part III	27		
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).	28a		X
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
•	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		_X_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," 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?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	<u>X</u>	
		Form	990 (2012

1 01	Check if Schedule O contains a response to any question in this Part V			\Box					
	Officer in Confession C Confession at the Confession in the Confession in the Confession		Yes	No					
4.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	}	162	110					
	Zinor the normal reported in 25% of 1 min approach								
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1							
С		1c	X	İ					
0-	(gambling) winnings to prize winners?								
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	,							
	The dot the deletion year ending with or within the year endied by the reterm	2b	Х	1					
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?								
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a. Did the organization have unrelated business gross income of \$1,000 or more during the year?								
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b	X	 					
	b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4a		X					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	40							
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.	E-0	•	Х					
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			<u> </u>					
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	_5c	<u> </u>						
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6a		Х					
	any contributions that were not tax deductible as chantable contributions?	Ua		-					
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6ь							
_	were not tax deductible?	OD							
7	Organizations that may receive deductible contributions under section 170(c).	7a	•	Ì					
a									
	b If "Yes," did the organization notify the donor of the value of the goods or services provided?								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7c							
	to file Form 8282? If "Yes." indicate the number of Forms 8282 filed during the year. 7d			 					
	The foot included the number of forms and forms	7e		Ì					
_	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f 7g		-					
9	If the organization received a contribution of qualified intellection property, and the organization rice of contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	 						
h	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	h							
8	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		1					
9	Sponsoring organizations maintaining donor advised funds.								
	Did the organization make any taxable distributions under section 4966?	9a							
a	Did the organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
a	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	1							
11	Section 501(c)(12) organizations. Enter:	1							
	Gross income from members or shareholders								
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1							
_	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1							
	Is the organization licensed to issue qualified health plans in more than one state?	13a	T						
	Note. See the instructions for additional information the organization must report on Schedule O.	***************************************	1						
ь	The state of the s	1							
-	organization is licensed to issue qualified health plans	1							
С	Enter the amount of reserves on hand	1	1						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	[X					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b							

71-0291410 Benton County Farm Bureau 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 Section A. Governing Body and Management Yes No 25 1a 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 25 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 X Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X 8a a The governing body? Х 8ь b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes Nο X 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х 12c in Schedule O how this was done Х 13 13 Did the organization have a written whistleblower policy? X 14 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a a The organization's CEO, Executive Director, or top management official 15b b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure None List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Other (explain in Schedule O) Own website Another's website Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

72712

The Organization - 479-273-7786 1601 SW 'A' St., Bentonville, AR

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 employee."
- 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.
- 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	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other					
	(list any hours for related organizations below line)	Individual trustee or director	institutional trustee	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) Bob Shofner	0.50										
President		X		X	ļ_	_		0.	0.	0.	
(2) Mark Weathers	0.50			l	ĺ				•	•	
Vice President		X		X	ļ			0.	0.	0.	
(3) Tim Crawley	0.50	,,			ļ) ;			0	^	
Secretary/Treasurer	0.50	X		X	 —	-		0.	0.	0.	
(4) Harvey Amos	0.50	J						0.	0.	0.	
Member	0.50	X		-	├						
(5) Ryan Anglin	0.30	X			1			o.	0.	0.	
Member (6) Susan Anglin	0.50	^	├			 					
Member	0.50	X						0.	0.	0.	
(7) Jerry Beaver	0.50	1		 		 					
Member		X						0.	0.	0.	
(8) Scott Belts	0.50	Ī			†						
Member		X						0.	0.	0.	
(9) Dan Douglas	0.50										
Member		X						0.	0.	0.	
(10) Ted Dorn	0.50										
Member		<u> </u>						0.	0.	0.	
(11) Jim Griffin	0.50									_	
Member		X		_	<u> </u>			0.	0.	0.	
(12) Bill Haak	0.50	ļ									
Member		X	L	L	ļ	l —		0.	0.	0.	
(13) Charles Hodges	0.50		1							•	
Member		X	_		<u> </u>	ļ		0.	0.	0.	
(14) Ross Lockhart	0.50								^	^	
Member	0.50	X			-	\vdash		0.	0.	0.	
(15) Don Mayer	0.50	·						0.	0.	0.	
Member	0.50	X	├	\vdash	₩	├	_	0.		<u> </u>	
(16) Chuck Mayo Member	0.30	x	}		1			0.	0.	0.	
(17) James Patton	0.50	┢	\vdash	-	┢╌	\vdash					
Member	0.50	X						0.	0.	0.	
222007 12 10 12	<u></u>				1	Ц			0.	Form 990 (2012)	

Fart THE Section A. Officers, Directors, Trus	stees, Key Em	ploy	yees	, an	d H	ighe	est (Compensated Employe	es (continued)				
(A)	(B)	(C)					(D)	(E)			(F)		
Name and title	Average	(do not check more than one				one	Reportable	Reportable			stimate		
	hours per week					is bo or/tru:		1 .	compensation)	ar	nount	of
	(list any	ğ				Τ	Τ	from the	from related organizations		con	other pensa	ation
	hours for	director				B		organization	(W-2/1099-MIS			rom th	
	related	tee o	ustbe			eusap		(W-2/1099-MISC)	,		org	anızat	ion
	organizations		를		o Se	18 a	1				an	d relat	.ed
	below line)	Individual	Institutional trustae	Officer	Key emptoyee	Highest compensated employee	Former				org	anızatı	ons
(18) Billy Sharp	0.50	트	E	15	 ਨੂ	±₽	12						
Member		X						0.		0.			0.
(19) James Simpson	0.50												
Member		X			<u>L</u> .	<u> </u>		0.		0.			0.
(20) Jim Singleton	0.50	۱				ļ							•
Member	0.50	X	-	<u> </u>		┼	├-	0.		0.			0.
(21) Kevin Smith	0.50	X						0.		ο.			0.
Member (22) John Spain	0.50	Λ				╁╌	┼	0.	<u> </u>	٠.			
Member	0.30	X		ļ				0.		ο.			0.
(23) Rickie Stark	0.50	 	\vdash			\vdash	 					_	
Member		Х						0.		0.			0.
(24) Kent Swinney	0.50												
Member	<u> </u>	Х	<u> </u>	_	<u> </u>	<u> </u>	Ļ.,	0.		0.			0.
(25) Brian Yarbrough	0.50		ĺ	ĺ	ĺ					_			^
Member		X	 			-	├-	0.		0.	-		0.
		1											
1b Sub-total		<u> </u>	<u> </u>	٠	I		<u></u>	0.		0.			0.
c Total from continuation sheets to Part V	II. Section A					•		0.		0.			0.
d Total (add lines 1b and 1c)						•		0.		0.			0.
2 Total number of individuals (including but i	not limited to th	ose	liste	ed al	bove	e) wl	ho r	eceived more than \$100	,000 of reportable				
compensation from the organization												<u>, </u>	0
										ſ		Yes	No
3 Did the organization list any former officer			е, ка	ey er	npic	oyee	, or	nignest compensated e	mployee on		3		Х
line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the s			omo	enes	ation	n and	d ot	her compensation from	the organization		<u>.</u>		,, <u>**</u> ,,
and related organizations greater than \$15	•		•					•	ine organization	- 1	4		Х
5 Did any person listed on line 1a receive or	· ·		•						dual for services	İ			
rendered to the organization? If "Yes," con	=										5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co	-	-								ens	ation f	rom	
the organization Report compensation for	the calendar y	ear	endi	ng v	vith	or w	<u>rithir</u>		/ear.				
(A) Name and business	address	N	INC	F.				(B) Description of s	ervices	С	ompe)	/) nsatio	n
							_				<u>.</u>		
_											_		
			-										
							_					_	
	····		-				\dashv						
							_	0					
 Total number of independent contractors (\$100,000 of compensation from the organ 	-	ot li	mıte	d to		se li O	stec	d above) who received m	ore than				`
φτοσίοσο οι combensarion from the oldan	izativii -					-							

Form	990) (2		n County	Farm Bu	reau		71-0291	410 Page 9
Pa	rt V	111	Statement of Rever	nue					
			Check if Schedule O cont	ains a response	to any question i				
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts s	1	а	Federated campaigns	1a					
ira Our			Membership dues	1b					
G E			Fundraising events	1c					
a iii			Related organizations	1d					
S,E			Government grants (contribut	ions) 1e					
Sign			All other contributions, gifts, gran						
돌			similar amounts not included abo	1 k					
Contributions, Gifts, Grants and Other Similar Amounts		9	Noncash contributions included in lines	1a-1f \$					
ဒီ င်		h	Total. Add lines 1a-1f		•				
					Business Code	,			
g	2	а	Membership Dues	.	110000	117,654.	117,654.		
ه څ		b						<u></u>	
SE		С							
Program Service Revenue		d							
<u>6</u>		е							
ء ا		f	All other program service reve	enue					
		9	Total. Add lines 2a-2f		>	117,654.			
	3		Investment income (including	dividends, intere	est, and				242
			other similar amounts)		•	242.	<u> </u>		242.
	4		Income from investment of ta	x-exempt bond p	oroceeds -	5 006			F 006
	5		Royalties		D	5,086.	,	······	5,086.
				(i) Real	(II) Personal				
	6	а	Gross rents	<u></u>					
			Less: rental expenses						
			Rental income or (loss)						
			Net rental income or (loss)		•				
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory						
		þ	Less. cost or other basis						
			and sales expenses	·	 		***		
			Gain or (loss)						
			Net gain or (loss)	4-1-4					
ne	8	а	Gross income from fundraisin						
Other Revenue			including \$						
æ			contributions reported on line						
ře			Part IV, line 18	a			-		
ธี			Less: direct expenses	b draiging augusts					
	ı		Net income or (loss) from fund						
	9	а	Gross income from gaming at Part IV, line 19						
		.	Less: direct expenses	a b					
			Net income or (loss) from gan	_					
	10		Gross sales of inventory, less						
	١,٠	•	and allowances	a					
		h	Less: cost of goods sold	ь					
			Net income or (loss) from sale	_					1
		<u> </u>	Miscellaneous Revenu		Business Code				
	11	a	T		524298	257,378.		257,378.	
	١.,	ь	Miscellaneous		900099	5,000.			5,000.
		c							
		d	All other revenue						
		е	Total. Add lines 11a-11d		<u> </u>	262,378.			

Total revenue. See instructions

Form 990 (2012) Benton County Farm Bureau Part IX Statement of Functional Expenses

Section	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).										
	Check if Schedule O contains a response to any question in this Part IX (A) (B) (C) (D)										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses						
1	Grants and other assistance to governments and										
	organizations in the United States See Part IV, line 21	1,000.									
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										
	persons described in section 4958(c)(3)(B)	224 750									
7	Other salaries and wages	224,759.	<u></u>								
8	Pension plan accruals and contributions (include	2 542									
	section 401(k) and 403(b) employer contributions)	3,542. 13,317.	<u></u>								
9	Other employee benefits	18,853.									
10	Payroll taxes	18,833.	···	-							
11	Fees for services (non-employees):										
а	Management										
ь	Legal	600.			·						
C	Accounting	000.									
d	Lobbying										
e	Professional fundraising services See Part IV, line 17										
f	Investment management fees	-									
9	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0)										
40		3,522.									
12	Advertising and promotion Office expenses	23,869.									
13 14	Information technology	20,00		-							
15	Royalties										
16	Occupancy	53,068.									
17	Travel	- -									
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	16,549.									
20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	21,124.									
23	Insurance	1,230.	-								
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		6,584.									
b	Youth and Safety	6,255.		<u> </u>							
С	Miscellaneous	49.		ļ							
d				_							
е	All other expenses	204 204		-							
<u>25</u>	Total functional expenses. Add lines 1 through 24e	394,321.									
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)			L	<u> </u>						

71-0291410 Page 11

Pa	IT A	Balance Sheet					
		Check if Schedule O contains a response to an	y question in th	is Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			50,934.	1	58,651. 87,375.
	2	Savings and temporary cash investments		!	87,134.	2	87,375.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from current and fo	directors,				
Assets		trustees, key employees, and highest compens.					
		Part II of Schedule L	L		5		
	6	Loans and other receivables from other disqual	ıfıed persons (a	s defined under			
		section 4958(f)(1)), persons described in section	n 4958(c)(3)(B),	and contributing			
		employers and sponsoring organizations of sec	oluntary				
		employees' beneficiary organizations (see instr)	t II of Sch L		6		
	7	Notes and loans receivable, net			7		
Ž	8	Inventories for sale or use	L		8		
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	745,185.			
	Ь	Less: accumulated depreciation	10b_	335,089.	427,244.	10c	410,096.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line			12		
	13	Investments · program-related. See Part IV, line	<u> </u>		13	-	
	14	Intangible assets	L		14		
	15	Other assets. See Part IV, line 11			15		
	16_	Total assets. Add lines 1 through 15 (must equ	565,312.	16	556,122.		
	17	Accounts payable and accrued expenses		662.	17	600	
	18	Grants payable	<u>_</u>		18		
	19	Deferred revenue			34,297.	19	34,130.
	20	Tax-exempt bond liabilities				20	
3	21	Escrow or custodial account liability. Complete	Part IV of Sche	dule D	· · · · · · · · · · · · · · · · · · ·	21	······································
	22	Loans and other payables to current and former	r officers, direct	ors, trustees,			
		key employees, highest compensated employee	es, and disquali	fied persons.			
•	ļ	Complete Part II of Schedule L		<u> </u>		22	
	23	Secured mortgages and notes payable to unrela	•	es _		23	
	24	Unsecured notes and loans payable to unrelated	d third parties	<u> </u>		24	
	25	Other liabilities (including federal income tax, pa		I			
	1	parties, and other liabilities not included on lines	s 17-24). Compl	ete Part X of		i	
	1	Schedule D		 -	24 050	25	24 720
	26	Total liabilities. Add lines 17 through 25			34,959.	26	34,730.
	}	Organizations that follow SFAS 117 (ASC 958		and and			
3		complete lines 27 through 29, and lines 33 an	id 34.				
	27	Unrestricted net assets		<u> </u>		27	
}	28	Temporarily restricted net assets		-		28	
	29	Permanently restricted net assets				29	
•		Organizations that do not follow SFAS 117 (A	SC 958), checl	k here ▶ 🔼			
,		and complete lines 30 through 34.				0	
	30	Capital stock or trust principal, or current funds	-	0.	30	0.	
Į.	31	Paid-in or capital surplus, or land, building, or ed		0.	31	0.	
	32	Retained earnings, endowment, accumulated in	come, or other	funds	530,353.	32	521,392.
•	33	Total net assets or fund balances	•	<u> </u>	530,353.	33	521,392.
	34	Total liabilities and net assets/fund balances			565,312.	34	556,122.

orm	1990 (2012) Benton County Farm Bureau	71-029	<u> 1410</u>	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI			
			205	260
1	Total revenue (must equal Part VIII, column (A), line 12)	1		360.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,321.
3	Revenue less expenses. Subtract line 2 from line 1	3		3,961.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	530	<u>,353.</u>
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	521	<u>.,392.</u>
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	<u> </u>		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,		
	consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,		
	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.	[
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the St	ngle Audit		
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь	<u> </u>
			Form 9	990 (2012)

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

2012

Open to Public Inspection

Employer identification assets

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

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

Ivaille of orga	IIIZation			Cilibi	oyer identification number
	Benton	County Farm Bur	eau		71-0291410
Part I-A		janization is exempt un		or is a section 527 o	rganization.
	a description of the organiz expenditures	ation's direct and indirect polit			
Part I-B	Complete if the org	anization is exempt un	der section 501(c)	(3).	<u></u>
		incurred by the organization up		<u>▶</u> \$	
2 Enter the	e amount of any excise tax	incurred by organization mana	gers under section 4955	5 ▶\$	
3 If the org	ganization incurred a sectio	n 4955 tax, did it file Form 472	0 for this year?		Yes No
	orrection made?				Yes No
	describe in Part IV.				\(\lambda\)
Part I-C		anization is exempt un			
		by the filing organization for s			-
	- -	ization's funds contributed to o	other organizations for so	ection 527	
•	function activities	Add lines 1 and 2. Enter here	and an Form 1120-POL	•	
line 17b	empt function expenditures	. Add lines 1 and 2. Enter here	and on Form 1120-FOL	, • ¢	
	iling organization file Form	1120-POL for this year?		- Ψ	Yes No
made pa contribu	ayments. For each organizations received that were pro	nployer identification number (lation listed, enter the amount promptly and directly delivered to additional space is needed, pro	aid from the filing organized a separate political org	zation's funds. Also enter th anization, such as a separa	e amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2012

Schedule C (F	orm 990 or 990-EZ) 2012	Bento	n Coun	ty Farm Bur	eau	71-0	0291410 Page 2
Part If-A	Complete if the org	anizatio	on is exe	mpt under sectio	n 501(c)(3) and file		
L	(election under sec						
A Check	If the filing organiza	tion belon	gs to an affi	liated group (and list ii	Part IV each affiliated	group member's nar	me, address, EIN,
	expenses, and sha						
B Check ▶				nd "limited control" pro	ovisions apply.		
						(a) Filing	(b) Affiliated group
			bying Expe	naitures ints paid or incurred.	,	organization's	totals
	(The term expend	uitures ii	icaris arriot	into paid of incurred.		totals	<u> </u>
1a Total lol	obying expenditures to infl	uence pub	lic opinion (grass roots lobbying)			
b Total lol	obying expenditures to infl	uence a le	gislative boo	dy (direct lobbying)	Į	_ 	
c Total lol	obying expenditures (add l	ines 1a an	d 1b)		ļ		<u> </u>
d Other e	xempt purpose expenditur	es					
e Total ex	empt purpose expenditure	es (add line	s 1c and 1c	d)			
f Lobbyir	ig nontaxable amount. Ent	er the amo	unt from the	e following table in bot	h columns.		
If the am	ount on line 1e, column (a) o	or (b) is:	The lob	bying nontaxable am	ount is:		
Not ove	r \$500,000		20% of	the amount on line 1e	<u></u>		
Over \$5	00,000 but not over \$1,00	0,000	\$100,00	00 plus 15% of the exc	cess over \$500,000.		
Over \$1	,000,000 but not over \$1,5	500,000	\$175,00	00 plus 10% of the exc	cess over \$1,000,000		
Over \$1	,500,000 but not over \$17	,000,000	\$225,00	00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000			\$1,000,	000.			
g Grassro	ots nontaxable amount (er	nter 25% c	f line 1f)				
h Subtrac	h Subtract line 1g from line 1a. If zero or less, enter 0						
i Subtrac	t line 1f from line 1c. If zer	o or less, e	nter -0-		į		
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		
reportin	g section 4911 tax for this	year [?]					Yes No
				eraging Period Under			
					n do not have to comp		
	CC				es 2a through 2f on pa	ige 4.)	
		Lobi	bying Expe	nditures During 4-Ye	ar Averaging Period		
	Calendar year al year beginning in)	(a)	2009	(ы) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbyir	ng nontaxable amount						
	ng ceiling amount						
	of line 2a, column(e))						
c Total lo	bbying expenditures						
d Grassro	oots nontaxable amount						
e Grassro	oots ceiling amount						
(150%	of line 2d, column (e))						
f Grassro	ots lobbying expenditures					<u> </u>	

Schedule C (Form 990 or 990-EZ) 2012 Benton County Farm Bureau 71-0291410 Page 3 Part IFB Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a)		(b)	
		Yes	No	Amo	unt
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)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
i	Total. Add lines 1c through 1i				
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	if "Yes," enter the amount of any tax incurred under section 4912				
	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?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), sect	on 501(c)	(5), or se	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1	X	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	X	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		Х
	t III-B Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)	(5), or se	ction	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	d "No," O	R (b) Par	t III-A, lin	ne 3, is
1	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		
	Carryover from last year		2b		
	Total		2c		
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				
	expenditure next year?	•	4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
******	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 II-A (affili	ated group	list): Part II-	A. line 2:
	Part II-B, line 1. Also, complete this part for any additional information.		5		,,
ano	Fall IPB, life 1. Also, complete this part for any additional information.				
	•		-	-	
—					

SCHEDULE D

(Form 990)

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

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.

2012 Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Benton County Farm Bureau

Employer identification number 71 = 0.291410

Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds o	or Accounts. Complete if the
L	organization answered "Yes" to Form 990, Part IV, line 6.	. 11232aritat complete ii iiio
	(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	funds
5		Yes No
6	are the organization's property, subject to the organization's exclusive legal control?	
O	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be use	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose co- impermissible private benefit?	Yes No
Da	rt II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part	
1	······································	ity, inte 7.
•	Purpose(s) of conservation easements held by the organization (check all that apply).	rically important land area
	Protection of natural habitat Preservation of a certified Preservation of open space	a historic structure
2	·	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a	a conservation easement on the last
	day of the tax year.	Held at the End of the Tax Year
_	Total number of conservation easements	2a
	Total acreage restricted by conservation easements	2b
b	•	2c
9	Number of conservation easements on a certified historic structure included in (a)	
đ	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	2d
2	listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the or	ganization during the tax
4	year ►	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
J	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	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(
0	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense sta	
9	include, if applicable, the text of the footnote to the organization's financial statements that describes the	
	conservation easements.	organization a accounting to
Ра	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	er 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	nt and balance sheet works of art
10	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	
	the text of the footnote to its financial statements that describes these items.	or poons sorries, provides, in a division,
ь		nd halance sheet works of art, historical
U	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	> \$
	(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	an provide
2	· · · · · · · · · · · · · · · · · · ·	ani, provide
_	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	▶ ¢
a		•
D	Assets included in Form 990. Part X	- → →

		County F						0291410	
Pa	rt III Organizations Maintaining C	collections of	f Art, Hi	storical Tr	reasures, c	or Other	Similar A	ssets(continu	ied)
3	Using the organization's acquisition, accessi	on, and other re	cords, che	eck any of the	following that	t are a sigr	nficant use o	f its collection	rtems
	(check all that apply).			_					
а	Public exhibition		d \square	Loan or exc	change progra	ams			
b	Scholarly research		е 🗀	Other					
c	Preservation for future generations								
4	Provide a description of the organization's co	ollections and ex	plain how	they further t	the organization	on's exemp	ot purpose in	Part XIII.	
5	During the year, did the organization solicit of	r receive donation	ons of art,	historical trea	asures, or othe	er sımılar a	ssets		
_	to be sold to raise funds rather than to be ma							Yes	No_
Par	t IV Escrow and Custodial Arran	gements. Cor	nplete if t	he organization	on answered *	'Yes" to Fo	rm 990, Parl	IV, line 9, or	
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod	an or other inter	mediary fo	or contribution	ns or other as	sets not in	cluded		
	on Form 990, Part X?					_		Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete th	e followin	g table:					
	, ,	•		•				Amount	
С	Beginning balance						1c		
d	Additions during the year						1d		
е	Distributions during the year						1e		
f	Ending balance						11		·
2a	Did the organization include an amount on Fe	orm 990. Part X.	line 21?				\	Yes	□ No
b	If "Yes," explain the arrangement in Part XIII			tion has been	provided in F	Part XIII			
Par									
-		(a) Current year		Prior year	(c) Two year		Three years t	ack (e) Four y	ears back
1a	Beginning of year balance						•		
ь	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs		ļ		1				
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curi	rent year end bal	ance (line	1g, column (a	a)) held as:				
а	Board designated or quasi-endowment	•	%	,					
b	Permanent endowment ▶	%							
С	Temporarily restricted endowment ▶		%						
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%.							
За	Are there endowment funds not in the posse		anization t	hat are held a	and administer	red for the	organization	_	
	by:	_							es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
ь	If "Yes" to 3a(ii), are the related organizations	s listed as require	ed on Sch	edule R?				3ь	
4	Describe in Part XIII the intended uses of the								
Par									
	Description of property	(a) Cost			t or other	(c) Acc	umulated	(d) Book	value
		basis (inv			(other)	depre	ciation		
1a	Land			10	7,691.				,691.
ь	Buildings			59	0,059.	28	37,801.	302	,258.
С	Leasehold improvements								
d	Equipment			4	1,921.	4	1,774.		147.
е	Other				5,514.		5,514.		0.
	Add lines 1a through 1e (Column (d) must e	aud Farm 000 I	Part Y cal	uma (P) line	10(c))			410	,096.

Schedule D (Form 990) 2012

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

▶

(11)

Sche	Benton County Farm Bureau Benton County Farm Bureau		71-02914	10 Page 4
	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue p		
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:		, ,,,,,	
а	Net unrealized gains on investments .	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	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:			
а	investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	46		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	nents With Expenses	per Return	
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:	1 1	1 1	
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
Ç	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	_	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 - 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
Ь	Other (Describe in Part XIII)	4b		
	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	 	5	
	rt XIII Supplemental Information		. 41 101 . 5 . 11	In a de De d
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to			
				

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

OMB No 1545-0047 Open to Public

Name of the organization

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.

Inspection Employer identification number 71-0291410

Benton County Farm Bureau	71-0291410			
Form 990, Part VI, Section A, line 2: Ryan Anglin and Susan Anglin -				
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 elect	ed annually by			
the general membership. Officers are elected by the boar	d			
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 Comm	ittee, Office			
Manager and bookkeeper review the 990 each year. It is then signed by the				
Board President.				
Form 990, Part VI, Section B, Line 12c: Conflict of inter	est policy			
compliance is addressed annually at an Executive Committee meeting.				
Form 990, Part VI, Section B, Line 15: The Organization d	oes not have			
compensated officers or management officials.				
	<u> </u>			
Form 990, Part VI, Section C, Line 19: These documents ar	e not available			
to the public.				