

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ** Department of the Treasury

Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
Sponsonng organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150 2012

Open to Public Inspection

Came of organization					and ending OC'	г 31	., 2013		
Name charge Section		B (Check i applicat	C Name of organization		D Emplo	oyer Identification number		
Institute number New New York		\sqsubseteq	Addı						
Terminated P.O. Box 458 501-495-2617		<u>_</u>	Nam			71-0392841			
Amended return Amended return Amend		\sqsubseteq	Initia	a rotani	Room/suite	•			
Accounting Method		\sqsubseteq	Term			50	1-495-2617		
Recounting Method			Ame			F Group	p Exemption		
Website: WwW.arfb.com/yell		L.	Applic						
Tax-exempt status (check only one)						H Check	k ▶ X if the organization is n		
K Check P 1 If the organization is not a section 590(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-M (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return L Add lines 5b, 6c, and 7b, to file 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (8) below) are \$500,000 or more, tile Form 990 instead of Form 990-EZ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule 0 for respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 1 2 2 2 2 2 2 2 2 2		ı v	Nebsi			required to attach Schedule B			
\$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. 1. Add lines 5b, 6c, and 7b, to file 91 to determine gross receipts if gross receipts are \$200,000 or more, or if total assets (Part II). Imm 25, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. 1. Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part II). Check if the organization used Schedule 0 to respond to any question in this Part II. 1. Contributions, gifts, grants, and similar amounts received. 2. Program service revenue including government fees and contracts. 3. Membership dues and assessments. 3. 39, 132. 4. Investment income. 5. Gross amount from sale of assets other than inventory. 5. Gross amount from sale of assets other than inventory (Subtract line 5b from line 5a). 6. Gaming and fundraising events. 2. Gross income from gaming (attach Schedule G if greater than stip 50,00). 3. Gross sales of inventory, less returns and allowances. 4. Net income or (loss) from gaming and fundraising events. 4. Not income or (loss) from gaming and fundraising events. 4. Not income or (loss) from gaming and fundraising events. 5. Common from fundraising events (not including \$ of contributions from fundraising events (and lines \$6 and 6b and subtract line 6c). 5. Corpose profit or (loss) from gaming and fundraising events. 6. Corpose profit or (loss) from gaming and fundraising events. 8. Other revenue (describe in Schedule O). 9. Total revenue (describe in Schedule O). 9. Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 10. Grants and similar amounts pard (list in-Schedule O). 10. Grants and similar amounts pard (list in-Schedule O). 11. Benefits pard to or for members. 12. Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 10. Grants and similar amounts pard (list in-Schedule O). 11. Total revenu	!	J T	ax-ex						
a return, be sure to file a complete return L Add lines 5b. 6c, and 7b., to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total assets (Part III, Intel® 25, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990	1	K (Check	If the organization is not a section 509(a)(3) supporting organization or a section 527	oss receipts are normally no t more than				
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total assets (Part II, line 25; column (8) below) are \$500,000 or more, line Form 990 instead of Form 990-EZ. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)		\$	50,00	00 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be r	equired (see instructio	ns) But	if the organization chooses to fil		
Interest Section Sec		а	retur	n, be sure to file a complete return					
Check if the organization used Schedule 0 to respond to any question in this Part 1 Check if the organization used Schedule 0 to respond to any question in this Part 1 Contributions, gifts, grants, and similar amounts received 1 2 3 3 39,132 3 30,132 3 30,132 3 30,132 3 30,132 3 30,132 3 30,132 3 30,132 3 30,132 3 30,132 3 30,132 3 30,132 30					or if total assets (Part	li,			
Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, grifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5 See Schedule O 4 2,015. 5 a 3 39,132. 6 Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ of contributions from fundraising events (not including \$ from fundraising events (add lines 6a and 6b and subtract line 6c) 7 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross sprofit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue Add lines 1,2,3,4,5c,6d,7c, and 8 10 Grants and similar amounts paid (list in-Schedule O) 11 Benefits paid to or for members 12 76,873. 13 Professional fees and other payments in ordependant contributions or for members 15 3,012. 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Professional fees and other payments in Schedule O) 19 Total expenses. Add lines 10 through 16 19 Professional fees and other payments in Schedule O) 10 Grants and similar amounts paid (list in-Schedule O) 11 Grants and similar amounts paid (list in-Schedule O) 12 Professional fees and other payments in ordependant contributions or for members 10 Grants and similar amounts paid (list in-Schedule O) 11 Benefits paid to or for members 12 76,873. 13 6000. 14 0ccupancy, rent, utilities, and maintenance 15 3,012. 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 7-658.	r					<u> </u>			
1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5 Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ of contributions from fundraising events (not including \$ from fundraising events (not including \$ of contributions from fundraising events (not including \$ of contributions from fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule 0) 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule 9) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee Benefits 13 Professional fees and other payments boundependent contracting file of the sum of such and such a	[Pa	art I		nces (see the instru	ctions fo			
2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from gaming and fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list ju-Schedule Form) 11 Benefits paid to or for members 12 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list ju-Schedule Form) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent poortific (100 form) 14 Occupancy, rent, utilities, and maintenance 15 See Schedule O 16 Cher expenses (describe in Schedule Q) 17 Total expenses. Add lines 1 through 16 18 Sees Schedule O 19 Total expenses. Add lines 1 through 16 19 Sees Schedule O 10 See Schedule O 11 Total expenses. Add lines 1 through 16 19 Sees Schedule O 10 See Schedule O 11 Total expenses. Add lines 1 through 16 19 Sees Schedule O 10 See Schedule O 11 Total expenses. Add lines 1 through 16 19 Sees Schedule O 10 See Schedule O 11 Total expenses. Add lines 1 through 16 11 Sees Schedule O 12 Sees Schedule O 13 See Schedule O	-								
Membership dues and assessments Investment income See Schedule 0 A 2,015. A 1996 Investment income See Schedule 0 A 2,015. A 2,015. A 2,015. A 2,015. A 2,015. B 3 39,132. A 2,015. B 4 2,015. B 5 b			1						
4 Investment income 5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments condependent contributions 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses (describe in Schedule O) 18 Expess or (describe in Schedule O) 19 Total expenses (add lines 1 of through 16 10 See Schedule O 11 13 1, 4778. 11 13 1, 4778. 11 13 1, 4778. 11 13 1, 4778. 11 13 1, 4778. 11 13 1, 4778. 11 13 1, 4778.									
5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events d Net income or (loss) from gaming and fundraising events b Less cost of goods sold c Gross profit or (loss) from gaming and fundraising events b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 6a and 6b and subtract line 6c) 8 977,989. 10 Grants and similar amounts paid (list in Schedule 0) 9 Total revenue (describe in Schedule 0) 10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments for independent point (actions) in the salary of the salary			3				3 39,132		
b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employe benefits 13 Professional fees and other payments condependent contributions 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 though 16 17 Total expenses. Add lines 10 though 16 18 Expense of (defirit) for the wear (Subtract line 17 from line 2) 18 Expense of (defirit) for the wear (Subtract line 17 from line 2) 19 Expense of (defirit) for the wear (Subtract line 17 from line 2) 19 Expense of (defirit) for the wear (Subtract line 17 from line 2) 19 Expense of (defirit) for the wear (Subtract line 17 from line 2) 19 Expense of (defirit) for the wear (Subtract line 17 from line 2)			1	1 1	sueante o		2,015		
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contraction (list in Schedule O) 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Expenses of (defirit) for the year (Subtract line 17 from line 8) 19 Total expenses. Add lines 10 through 16 10 Expenses. Add lines 10 through 16 11 Total expenses. Add lines 10 through 16 12 Expenses. Add lines 10 through 16 13 Total expenses. Add lines 10 through 16 14 Total expenses. Add lines 10 through 16 15 Total expenses. Add lines 10 through 16			5a	·					
a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule 0) 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule 9) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments for independent contract@signal 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule Q) 17 Total expenses. Add lines 10 through 16 18 Excess or (defort) for the way (Subtract line 17 from line 9) 18 Excess or (defort) for the way (Subtract line 17 from line 9)	\lesssim		b						
a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule 0) 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule 9) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments for independent contract@signal 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule Q) 17 Total expenses. Add lines 10 through 16 18 Excess or (defort) for the way (Subtract line 17 from line 9) 18 Excess or (defort) for the way (Subtract line 17 from line 9)			C			ļ	5c		
\$15,000) b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less direct expenses from garning and fundraising events d Net income or (loss) from garning and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule 0) 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments for independent contractors (list in Schedule 0) 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Evess or (deficit) for the year (Subtract line 17 from line 9) 18 Evess or (deficit) for the year (Subtract line 17 from line 9)	le le		l			-			
from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors in the	60		a						
from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors in the	<u>_</u>			· · · · · · · · · · · · · · · · · · ·					
gross income and contributions exceeds \$15,000) c Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule 0) 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors (list in Schedule 0) 15 Printing, publications, postage, and shipping 15 Other expenses (describe in Schedule 0) 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 See Schedule 0 18 Excess or (deficit) for the year (Subtract line 17 from line 2) 18 Excess or (deficit) for the year (Subtract line 17 from line 2)			b		ributions				
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors of the coupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9)						1			
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors of the coupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9)	Ĺij		ļ						
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors of the coupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9)	2		C						
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors of the coupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9)			1		e 6c)	<u> </u> !	6d		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors of the coupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9)	Ű		Ι.						
8 Other revenue (describe in Schedule O) 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors (14 Occupancy, rent, utilities, and maintenance) 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Expess or (defirit) for the year (Subtract line 17 from line 9)	(<u>U</u> 2)					─┤.	_		
9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors (14 Occupancy, rent, utilities, and maintenance) 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Excess or (defirit) for the year (Subtract line 17 from line 9)) _	~ ~	shodulo O	\vdash			
10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors (14 Occupancy, rent, utilities, and maintenance) 14 Occupancy, rent, utilities, and maintenance) 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Expess or (deficit) for the year (Subtract line 17 from line 9)			Ī.	(**************************************	medule o	_			
11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 12 76,873. 13 Professional fees and other payments to independent contractors 13 600. 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 15 3,012. 16 Other expenses (describe in Schedule 0) OGDEN, UT See Schedule 0 16 25,939. 17 Total expenses. Add lines 10 through 16 17 131,478. 18 Expenses or (deficit) for the year (Subtract line 17 from line 9) 18 7,658.				Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	 -		- 		
12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors [4] 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule o) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Total expenses.			ĺ	Grants and similar amounts paid (list in-senedule-0)					
15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule o) 17 Total expenses. Add lines 10 through 16 18 Expense or (deficit) for the year (Subtract line 17 from line 9) 18 7, 658			l .	Benefits paid to or for members			66.050		
15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule o) 17 Total expenses. Add lines 10 through 16 18 Expense or (deficit) for the year (Subtract line 17 from line 9) 18 7, 658		ses	1	Salaries, other compensation, and employee benefits					
15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule o) 17 Total expenses. Add lines 10 through 16 18 Expense or (deficit) for the year (Subtract line 17 from line 9) 18 7, 658		Net Assets Expens	ı	Professional fees and other payments to independent contractors (4 191	shodulo 0		0 = 0 = 1		
16 Other expenses (describe in Schedule 0) OGDEN, U See Schedule 0 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 7, 658			l	Occupancy, rent, utilities, and maintenance	nedule 0				
17 Total expenses. Add lines 10 through 16 18 Excess or (definit) for the year (Subtract line 17 from line 9) 19 7, 658.)		shodulo O				
18 Excess or (definit) for the year (Subtract line 17 from line 9)			ı		medule O	. —			
18 Excess or (deficit) for the year (Subtract line 17 from line 9)			 						
			Ι.	· · · · · · · · · · · · · · · · · · ·		-	18 7,030		
19 Net assets or fund datances at beginning of year (from line 27, column (A))			19	Net assets or fund balances at beginning of year (from line 27, column (A))			222 410		
(must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule 0) See Schedule 0 20 2,526			00		shodulo O				
	:	ž	ı	· · · · · · · · · · · · · · · · · · ·	THEORITE O	. —			
21 Net assets or fund balances at end of year Combine lines 18 through 20 LHA For Pagerwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2012)			—						

P	art II	Balance Sheets (see the instructions for Part II)					
		Check if the organization used Schedule O to res	pond to any que	estion in this Part I	l	<u> </u>	X
				(A) Beginning of year			nd of year
22	Cash,	savings, and investments		112,928			127,101
23	Land	and buildings		221,414			217,606
24	Other	assets (describe in Schedule O) See Schedule O			- 24		732
25	Total	assets		334,699			345,439
26	Total	liabilities (describe in Schedule O) See Schedule O		12,289	• 26		12,845
27	Net a:	ssets or fund balances (line 27 of column (B) must agree with line 21)		322,410	- 27		332,594
P	art III	Statement of Program Service Accomplishmen	nts (see the instr	ructions for Part III)	E)	penses
		Check if the organization used Schedule O to res	pond to any que	estion in this Part I			for section
Wha	at is the c	organization's primary exempt purpose?Agricultural P					and 501(c)(4) ons and section
Desc	nbe the o	rganization's program service accomplishments for each of its three largest program	services, as measured by ex	onenses. In a clear and concise) trusts, optional
		be the services provided, the number of persons benefited, and other relevant inform		, , , , , , , , , , , , , , , , , , ,		for others)
28	Cour	nty Farm Bureau work is general	in nature,	helping far	m		
		llies achieve educational improv					
		ortunity, and social advancement					
	(Grants			>		28a	
29	1000000						
				· -			
						<u> </u>	
	(Grants	\$) If this amount includes foreign g	rants check here		\Box	29a	
30	Cianta) If this almostic includes foreign g	iditio, check here			230	
50						1 1	
						<u> </u>	
	(Grants	\$) If this amount includes foreign g	rante check here	<u> </u>	$\neg \neg$	30a	
31		program services (describe in Schedule O)	iains, check here			1000	
J .	(Grants	,	rante chack hara	•		31a	
32		program service expenses (add lines 28a through 31a)	iants, check here			32	
		List of Officers, Directors, Trustees, and Key E	mplovees List and	one even if not compensated	(con the		or Part (\A
	21.A.E.V	Check if the organization used Schedule O to res				maddellona k	X
		Officer if the organization accordence of to rec	(b) Average hours		T	ealth benefits,	(e) Estimated
		(a) Name and title	per week devoted	compensation (Forms	cont	nbutions to ovee benefit	amount of other
		(a) Name and tide	position	W-2/1099-MISC) (if not paid, enter -0-)	plans,	and deferred	compensation
т с	mmv	Fink				репзалот	
$\overline{}$	esic		0.50	0.	l	0.	0.
		e Maupin	0.30	- -			
		ce President	0.50	0.		0.	0.
		la Gray	0.30		 		
	cret		0.50	0.		ο.	0.
		Briggs	0.30		+		
	mber		0.50	0.	ļ	0.	0.
		Catlett	0.30		 		
_	mber		0.50	0.		ο.	0.
_			0.30				
		Colbert	0 50			^	^
	mber		0.50	0.	┼	_0.	0.
		Garner	0.50			^	_
	mber		0.50	0.	├	0.	0.
		rd Gray	0 50			^	•
	mber		0.50	0.	├ ─	0.	0.
		on Kimbrough	0.50	_		^	_
	mber		0.50	0.	├ —	0.	0.
		Mitchell	0.50			^	_
	mber		0.50	0.	├ —	0.	0.
		Standridge				_ !	_
	mber		0.50	0.	Ļ	0.	0,
		caton		_	1	_	_
Me	mber	<u> </u>	0.50	0.	L	0.	0.

Form	990-EZ(2012) Yell County Farm Bureau 71-0392	841		Page 3
	rt V Other Information (Note the Schedule A and personal benefit contract statement requiremen	ts in t	he	
	instructions for Part V) Check if the organization used Sch. O to respond to any question in th			X
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule O	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	-		_
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a	Х	
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	X	
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
	Did the organization file Form 1120-POL for this year?	37b		<u>X</u>
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A]		
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 \blacktriangleright N/A , section 4912 \blacktriangleright N/A , section 4955 \blacktriangleright N/A			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
	year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	40b	N/	A
C	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers			
	or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the			
	organization N/A			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			v
	transaction? If "Yes," complete Form 8886-T	40e	L	X
41	List the states with which a copy of this return is filed ► None The organization's books are in care of ► The Organization Telephone no ► 501-49	5 2	617	
42 a	· · · · · · · · · · · · · · · · · · ·	283	2 1/	
		203	-	
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Voc	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	763	X
	If "Yes," enter the name of the foreign country	720		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
•	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	Ì	Х
U	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		>	
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
	of Form 990-EZ	44b		X
C	Did the organization receive any payments for indoor tanning services during the year?	446		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
	ın Schedule O	44d		<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<u> </u>	X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section			
_	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		<u>X</u>
		Form 0	00_E7	/2012\

Form 990-EZ (2	2012) Yell County Farm	Bureau				<u>71-0392</u>	841		Page 4	
								Yes	No	
46 Did the o	rganization engage, directly or indirectly, in politic	al campaign activities on	behalf of or ii	n opposition	to candidates for pi	ublic office?				
If "Yes," c	omplete Schedule C, Part I						46		Х	
Part VI	Section 501(c)(3) organizations o	nlv								
	All section 501(c)(3) organizations must ans		and 52, and	d complete	the tables for line	s 50 and 51				
	Check if the organization used Schedule O	•		•						
					- ·-···		1	'es	No	
47 Did the o	rganization engage in lobbying activities or have a	section 501/h\ election ii	n effect durin	n the tay yea	r2 If "Ves " complete	Sch C Part II	47			
	anization a school as described in section 170(b)			-	i ii ies, completi	Journ O, rait in I	48		<u> </u>	
	• •			_		ŀ	49a			
	rganization make any transfers to an exempt non-	-	ation			}				
•	ras the related organization a section 527 organiza					L	49b			
	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each receive									
tnan \$100	0,000 of compensation from the organization. If the	tere is none, enter "None		1		(4)	Τ.,		 -	
	(a) Name and title of each employee paid more than \$100,000	1	(b) Average per week dev		(C) Reportable compensation (Forms	(d) Health benefits contributions to	1	Estim		
		} '	per week dev positior	010010	W-2/1099-MISC)	employee benefit plans, and deferred				
	N/A		Position	<u>'</u>		compensation	Com	Pense		
										
		-								
				ì						
f Total num	nber of other employees paid over \$100,000			- 		 -				
	this table for the organization's five highest comp	nancated independent cor	ntractors who	each receive	nd more than \$100	NNN of compens	ition fro	m the	,	
	on If there is none, enter "None" N/A	rensated independent cor	iliaciors wire	Gacii Ieceive	d more man groo,	ooo or compense	111011 110	iii tiic		
	i address of each independent contractor paid mo	oro than \$100 000	· - 1	(b) Type of	raniica	(e) (ompen	cation		
(a) Name and	address of each independent contractor paid the	71e than \$100,000		(u) Type or	Service	- 10/0	onipen	Sation	<u>'</u>	
		 								
						 -				
						1				
	<u> </u>									
						ļ				
		·								
d Total nun	nber of other independent contractors each receiv	ing over \$100,000			.					
52 Did the oi	ganization complete Schedule A? Note: All sectio	n 501(c)(3) organizations	and 4947(a))(1) nonexem	pt					
charitable	trusts must attach a completed Schedule A					_ ▶ [Yes	$_{-}$ \sqsubset	_ No	
Under penalties on Declaration of pre	perjury, I declare that I have examined this return, including parer (other than officer) is based on all information of which	ng accompanying schedules a h preparer has any knowledge	and statements,	and to the bes	t of my knowledge and	belief, it is true, cor	rect, and	compl	ete	
	Mount Ex					B-29-14	-			
Sign	Signature of philod					Date				
Here	TONEN VI	IK				R29-14				
	Type or print name and title			· 				_		
	Print/Type preparer's name P	reparer's signature		Date	Check] if PTIN				
Paid	Time Type property a manual	10 1)			self- employ	-				
Preparer	Maria K Boan	11 min 1/ Kg	m (04	8/20/1	4	P009	117	62		
Use Only	Maria K. Bean	as LLP	<u> </u>	$-1 \frac{\omega}{l}$	J	<u> </u>		_		
OSE OILLY	Firm's name > Thomas & Thomas		00		Firm's EIN				5	
	Firm's address > 201 E. Markh	•	UU		Phone no	501-3	13-2	UZ:	ر	
	Little Rock,						7		1	
May the IRS di	scuss this return with the preparer shown above?	See instructions					Yes		No	
						F	orm 99	0-EZ (2012)	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Yell County Farm Bureau	71-0392841
Form 990-EZ, Part I, Line 4, Other Investment Income:	
Description of Property:	Amount:
Interest on Savings and Cash Investments	2,015.
Form 990-EZ, Part I, Line 8, Other Revenue:	
Description of Other Revenue:	Amount:
Insurance Service Fees	90,360.
Royalty Income	1,428.
Miscellaneous Income	2,001.
Office Space - Danville, AR	4,200.
Total to Form 990-EZ, line 8	97,989.
	· · · · · · · · · · · · · · · · · · ·
Form 990-EZ, Part I, Line 14, Occupancy, Rent, Utilities,	and Maintenance:
Description of Expenses:	Amount:
Depreciation	6,148.
Other Expenses	18,906.
Total to Form 990-EZ, line 14	25,054.
Form 990-EZ, Part I, Line 16, Other Expenses:	
Description of Other Expenses:	Amount:
Supplies	2,575.
Telephone	6,836.
Conf, conventions, etc.	6,790.
Insurance	586.
Advertising and Promotion	
Youth and Safety LHA For Bananyork Reduction Act Nation and the Instructions for Form 990 or 990-F7 School	

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.

2012
Open to Public Inspection

Employer identification number Name of the organization 71-0392841 Yell County Farm Bureau Miscellaneous 178. Depreciation 385. Total to Form 990-EZ, line 16 25,939. Form 990-EZ, Part I, Line 20, Changes in Net Assets: Changes in Net Assets or Fund Balances: Amount: Unrealized Gain On Investments 2,526. Form 990-EZ, Part II, Line 24, Other Assets: Description Beg. of Year End of Year Accounts Receivable 0. 375. 357. 357. Deposits Total to Form 990-EZ, line 24 357. 732. Form 990-EZ, Part II, Line 26, Other Liabilities: Beg. of Year End of Year Description Prepaid Membership 10,492. 10,889. 1,797. Payroll Liabilities 1,956. 12,289. Total to Form 990-EZ, line 26 12,845. Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts: The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.

Name of the organization

Employer identification number

Yell County Farm Bure	au		71-03928	41		
Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)						
(a) Name and title	(b) Average hours per week devoted to position	(6) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation		
Rose Staton						
Member	0.50	0.	0.	0.		
Keith Stokes	0.50					
Member	0.50	0.	0.	0.		
Jamie Taylor Member	0.50	0.	0.	0.		
Doris Thomas	0.30		 	·		
Member	0.50	0.	0.	0.		
Jack Thomas	0.30			-		
Member	0.50	0.	0.	0.		
	ii					
			<u></u>			
						
			(
		 "				
			1	n.		
		 				
		ļ				
		 	 			
			 -			
			1			
		ļ	 			
		 				
		 	 			
]			
		<u> </u>				
			1			
			ļ			
		<u> </u>	 			
	<u> </u>	<u> </u>	hodulo O /Form	202 202 77		