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Form **990-EZ**

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OMB No 1545-1150

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
(except black lung benefit trust or private foundation)

Sponsoning 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 \$200,000 at the pend of the year may use this form

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

Open to Public inspection

Ā	For t	ne 2012 calendar year, or tax year beginning NOV 1, 201	2	and ending OC	T 3	31, 2	013
В	Check i applica	C Name of organization		- <u>-</u>	D Em	ployer id	entification number
	_	ress change					
	_	e change Howard County Farm Bureau	71-6053309				
Ē	_	Number and street (or P O box, if mail is not delivered to street address	E Telephone number				
Ē	\neg	P.O. Box 1860	870-845-1526				
		nded return City or town, state or country, and ZIP + 4	F Group Exemption				
	\neg	ation pending Nashville, AR 71852	1	Number ▶			
G		nting Method	H Check ► X if the organization is no				
1	Websi	te. > www.arfb.com/howard	rec	required to attach Schedule B			
J	Tax-ex	tempt status (check only one) $-$ 501(c)(3) \times 501(c) (5)	(Fo	(Form 990, 990-EZ, or 990-PF)			
K	Check	▶ ☐ if the organization is not a section 509(a)(3) supporting organization o	r a sectio	n 527 organization and its g	ross r	eceipts ar	e normally not more than
	\$50,00	O A Form 990-EZ or Form 990 return is not required though Form 990-N (e-pos					
		n, be sure to file a complete return					
L	Add Iır	ies 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$20	0,000 or i	more, or if total assets (Part	:11,		
		, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ				▶ \$	138,363.
P	art l	Revenue, Expenses, and Changes in Net Assets or	Fund I	Balances (see the instri	uctions	for Part	I)
		Check if the organization used Schedule O to respond to any question in this	Part I				X
	1	Contributions, gifts, grants, and similar amounts received				1	
	2	Program service revenue including government fees and contracts				2	
	3	Membership dues and assessments				3	32,132. 2,107.
<u>آ</u>	4	Investment income	See	Schedule 0		4	<u>2,107.</u>
2014	5a	Gross amount from sale of assets other than inventory		5a			
	b	Less cost or other basis and sales expenses		5b			
~	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from lin	ie 5a)		5c	····	
0	6	Gaming and fundraising events					
SCANNEeveniel	а	Gross income from gaming (attach Schedule G if greater than	,	ı			
<u>.</u>		\$ 15,000)	L	6a			
Ę	b	Gross income from fundraising events (not including \$	0	of contributions			
Z		from fundraising events reported on line 1) (attach Schedule G if the sum of suc	ch ,				
Z		gross income and contributions exceeds \$15,000)	<u> </u>	6b			
\sim	C	Less direct expenses from gaming and fundraising events		6c			
S	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b a	and subtra	act line 6c)		6d	
	7a	Gross sales of inventory, less returns and allowances	_	7a			
	b	Less cost of goods sold	L.	7b		1	
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	0	Cahadul - A		7c	104 104
	8	Other revenue (describe in Schedule 0)	see	Schedule 0		8	104,124.
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			<u> </u>	9	138,363.
	10	Grants and similar amounts paid (list in Schedule 0)				10	
	11	Benefits paid to or for members RECEIVED				11	72 145
ses	12	Salaries, other compensation, and employee benefits	-8l			12	73,145.
ë	13	Professional fees and other payments Independent contractors Occupancy, rent, utilities, and maintaines, JUN 19 2014	500	Schedule 0		13	13,640.
Expenses	14		see	Poliedare 0		14	2,747.
_	15	i ming, pasheations, postage, and propping	500	Schedule 0		15	35,053.
	16	Other expenses (describe in Schedule 0) OGDEN, UT	pee	ponedule o		16	125,185.
	17	Total expenses. Add lines 10 through 16			<u> </u>	17	13,178.
ets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)				18	13,110.
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A))				19	202,915.
	20	(must agree with end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule O)				20	0.
	21	Net assets or fund balances at end of year Combine lines 18 through 20			•	21	216,093.
		instruction of idia balances at one of year combine lines to through 20					

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2012)

Pa	art II	Bàlance Sheets (see the instructions for Part II)					
		Check if the organization used Schedule O to res	pond to any que	stion in this Part I			X
			,	(A) Beginning of year		(B) E	nd of year
22	Cash, sa	avings, and investments		153,826	. 22		168,833.
23		nd buildings	Ì	62,794	- 23		60,230.
24		ssets (describe in Schedule O)			24		
25	Total as	· · · · · · · · · · · · · · · · · · ·	Ī	216,620	- 25		229,063.
26	Total lia	abilities (describe in Schedule O) See Schedule O		13,705	- 26		12,970.
27		ets or fund balances (line 27 of column (B) must agree with line 21)	Ī	202,915	. 27		216,093.
P		Statement of Program Service Accomplishmer	nts (see the instr	uctions for Part III)		E	cpenses
		Check if the organization used Schedule O to res	pond to any que	stion in this Part II			for section
Wha	t is the org	ganization's primary exempt purpose? Agricultural P	romotion				and 501(c)(4) ons and section
Desc	nbe the orga	anization's program service accomplishments for each of its three largest program s	services, as measured by ex	penses in a clear and concise		4947(a)(1) trusts, optional
manr	er, describe	the services provided, the number of persons benefited, and other relevant inform	ation for each program title			for others)
28	Count	ty Farm Bureau work is general	<u>in nature,</u>	helping far	m) i	
		lies achieve educational improv		onomic			
	oppoi	rtunity, and social advancement	<u>•</u>				
	(Grants \$) If this amount includes foreign g	rants, check here	<u> </u>		28a	
29							
					_		
	(Grants \$) If this amount includes foreign g	rants, check here			29a	
30]]	
]]	
	(Grants \$) If this amount includes foreign g	rants, check here	<u> </u>	ليا	30a	
		ogram services (describe in Schedule O)					
	(Grants \$) If this amount includes foreign g	rants, check here		لبِــا	31a	
32	Total pro	ogram service expenses (add lines 28a through 31a)				32	
32 P a	Total pro	List of Officers, Directors, Trustees, and Key E					
32 P 5	Total pro	ogram service expenses (add lines 28a through 31a) List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res	pond to any que	stion in this Part I	/	instructions f	X
32 P _E	Total pro	List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res	pond to any que (b) Average hours	(c) Reportable compensation (Forms	(d) He	e instructions for all the benefits, inbutions to	(e) Estimated
32 Pa	Total pro	List of Officers, Directors, Trustees, and Key E	pond to any que	stion in this Part IV	(d) He cont employens, plans,	ealth benefits, inbutions to oyee benefit and deferred	X
Pa	Total pro urt IV I	List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and title	pond to any que (b) Average hours per week devoted t	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) He cont employens, plans,	einstructions f	(e) Estimated amount of other
p a	Total prount IV (List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and title Ritchie	pond to any que (b) Average hours per week devoted t position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter-0-)	(d) He cont employens, plans,	ealth benefits, inbutions to oyee benefit and deferred inpensation	(e) Estimated amount of other compensation
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	instructions for Part V) Check if the organization used Sch. O to respond to any question in the	its in is Pa	the rt V	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			X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	33	 	
•	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
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	1
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	
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax		_	
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			ļ
	complete applicable parts of Schedule N	36	<u> </u>	X
	Enter amount of political expenditures, direct or indirect, as described in the instructions	<u>•</u>		
	Did the organization file Form 1120-POL for this year?	37b	ļ	X
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	ļ	X
	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	4		
39	Section 501(c)(7) organizations Enter Initiation fees and capital contributions included on line 9 N/A			
	'	-		ł
	<u> </u>	-		
4U a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► N/A , section 4912 ► N/A , section 4955 ► N/A			İ
h	section 4911 ► N/A , section 4912 ► N/A , section 4955 ► N/A Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the	1		ĺ
	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?		į	
	If "Yes," complete Schedule L, Part I	40b	N/	Α
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			l
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			ĺ
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed None			
42 a	The organization's books are in care of ▶ The Organization Telephone no ▶ 870-84			
		7185	2	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	$\overline{}$	Yes	
	account)?	42b		X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	40-	. 1	v
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
43	If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		•	
70	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
	and direct the amount of the execution functions received of adding the the year			
		[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?	44c		X
ď	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		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45 b	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 99	10-E7 /	20121

rd County E	<u> Tarm Bureau</u>				<u>71–605</u> 3:	<u> 309</u>	Pa	age 4
				. An annalud de - fe		Y	es	No
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	only					40		<u>~</u>
	-	49b and 52, an	d complete	the tables for line	s 50 and 51			
	=							
						Υ	es	No
lobbying activities or have	ve a section 501(h) elect	ıon ın effect duru	ng the tax ye	ar? If "Yes," complete	Sch C, Part II	47		
described in section 170	0(b)(1)(A)(II)? If "Yes," co	mplete Schedule	e E			48		
		anization?			Ļ	49a		
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-	· ·		ers, directors	, trustees and key en	nployees) who ea	ch receiv	ed me	ore
	If there is none, enter "N		. h	(0)	(d)	T (=) E		
ore than \$100,000				compensation (Forms	contributions to	, , ,		
		•		W-2/1099-MISC)	plans, and deferred			
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/-		Contractors will	o each receiv	eu more man \$100,0	500 of compensa	ווטוו ווטוו	i tiie	
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perioditi della perio			_(-) '/			<u> </u>		
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last contractors and re-	201412 OVER \$100 000							—
		ions and 4947/a	ı\/1\ nonexer					
	Stion 30 ((0)(0) organizar		1)(1) 110110201	прс	▶ [Yes		No
ave examined this return, incl	uding accompanying schedu	les and statements	, and to the be	st of my knowledge and	belief, h is true, com		mplete	
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s name	Preparer's signature	_	Date .	_ <u> </u>	-			
Roan	Main 1 K	Pan CPA	1 6/6/	4		1174	3	
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		500	<u> </u>		<u> </u>			—
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					▶ [X	Yes		No
2.12							EZ (20	012)
	rectly or indirectly, in port I (3) organizations b) organizations must a cation used Schedule lobbying activities or had described in section 170 transfers to an exempt in cation a section 527 organization's five highest confrom the organization dittle of each employee ore than \$100,000 N/A es paid over \$100,000 N/A espendent contractor paid expendent contractor paid information of vital and on all information on all information of vital and on all information on all	Part I (3) organizations only b) organizations must answer questions 47- zation used Schedule O to respond to any lobbying activities or have a section 501(h) elect described in section 170(b)(1)(A)(ii)? If "Yes," or transfers to an exempt non-charitable related org zation a section 527 organization? anization's five highest compensated employees in from the organization. If there is none, enter "N d title of each employee ore than \$100,000 N/A sependent contractor paid more than \$100,000 Schedule A? Note: All section 501(c)(3) organizat completed Schedule A are exempined information of which preparer has any know Color of the contractor paid more than \$100,000 Title Preparer's signature Bean homas & Thomas LLP	irectly or indirectly, in political campaign activities on behalf of or Part I (3) organizations only (3) organizations must answer questions 47-49b and 52, ar zation used Schedule O to respond to any question in this lobbying activities or have a section 501(h) election in effect duri described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule transfers to an exempt non-charitable related organization? sation a section 527 organization? airization's five highest compensated employees (other than office in from the organization. If there is none, enter "None is dittle of each employee ore than \$100,000 Anization's five highest compensated independent contractors when the remaining the position of the	rectly or indirectly, in political campaign activities on behalf of or in opposition Part I (3) organizations only (4) organizations must answer questions 47-49b and 52, and complete zation used Schedule O to respond to any question in this Part VI lobbying activities or have a section 501(h) election in effect during the tax ye. described in section 170(b)(1)(A)(ii)? If Yes, "complete Schedule E transfers to an exempt non-charitable related organization? tation a section 527 organization? are section 527 organization? are section 527 organization? In from the organization if there is none, enter "None" d title of each employee ore than \$100,000 (b) Average hours per week devoted to position N/A (b) Average hours per week devoted to position N/A (c) Average hours per week devoted to position es paid over \$100,000 (b) Type of the tontractors and more than \$100,000 (b) Type of the tontractor paid more than \$100,000 (b) Type of the tontractor paid more than \$100,000 (c) Type of the tontractor paid more than \$100,000 (b) Type of the tontractor paid more than \$100,000 (c) Type of the tontractor paid more than \$100,000 (b) Type of the tontractor paid more than \$100,000 (c) Type of the tontractor paid more than \$100,000 (b) Type of the tontractor paid more than \$100,000 (c) Type of the tontractor paid more than \$100,000 (b) Type of the tontractor paid more than \$100,000 (c) Type of the tontractor paid more than \$100,000 (b) Type of the tontractor paid more than \$100,000 (c) Type of the tontractor paid more than \$100,000 (c) Type of the tontractor paid more than \$100,000 (c) Type of the tontractor paid more than \$100,000 (c) Type of the tontractor paid more than \$100,000 (c) Type of the tontractor paid tontractor paid more than \$100,000 (c) Type of the tontractor paid tontracto	recetty or indirectly, in political campaign activities on behalf of or in opposition to candidates for pure Part I (3) organizations only (3) organizations must answer questions 47-49b and 52, and complete the tables for line zation used Schedule O to respond to any question in this Part VI (a) lobbying activities or have a section 501(h) electron in effect during the tax year? If 'Ves,' complete described in section 170(b)(1)(A)(n)(n) if 'Yes,' complete Schedule E transfers to an exemption on-chantable related organization? anication's five highest compensated employees (other rhan officers, directors, trustees and key en in from the organization if there is none, enter 'None' (b) Average hours per week devoted to position N/A (b) Average hours per week devoted to position (c) Reportable compensated independent contractors who each received more than \$100,000 (a) Type of service (c) Reportable compensation if there is none, enter 'None' (d) Reportable organization of the program than \$100,000 (e) Type of service (f) Average hours per week devoted to position (g) Reportable compensation (ricms who each received more than \$100,000 (g) Type of service (g) Reportable compensated independent contractors who each received more than \$100,000 (g) Type of service (g) Reportable compensated independent contractors and 4947(a)(1) nonexempt dependent contractors paid more than \$100,000 (g) Type of service (g) Reportable compensated independent contractors and 4947(a)(1) nonexempt dependent contractors each received more than \$100,000 (g) Type of service (g) Reportable compensated independent contractors and 4947(a)(1) nonexempt dependent contractors each received more than \$100,000 (g) Type of service (g) Reportable compensated independent contractors who each received more than \$100,000 (g) Type of service (g) Reportable compensated independent contractors who each received more than \$100,000 (g) Type of service (g) Reportable compensated independent contractors who each received more than \$100	Part	Part (3) organizations only (3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51 (3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51 (4) organization (4) organizations action 501(f) (4)(f)(f)(f)(f)(f)(f)(f)(f)(f)(f)(f)(f)(f)	Part (3) organizations only (3) organizations only (3) organizations only (3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51 (45 organizations described) (46 organizations described) (46 organizations described) (47 organizations described) (48 organizations described) (48 organizations described) (48 organizations described) (49 organizations) (49 organizations) (40 organ

SCHEDULE 0

(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

Howard County Farm B	Bureau		71-6053309
Form 990-EZ, Part I, Line 4, Other I	nvestment	Income:	
Description of Property:			Amount:
Interest on Savings and Cash Investment	nents		2,107.
Form 990-EZ, Part I, Line 8, Other R	evenue:		
Description of Other Revenue:			Amount:
Insurance Service Fees			98,637.
Royalty Income			3,387.
Office Space - Nashville, AR			2,100.
Total to Form 990-EZ, line 8			104,124.
Form 990-EZ, Part I, Line 14, Occupa	ncy, Rent,	Utilities,	and Maintenance:
Description of Expenses:			Amount:
Depreciation			1,644.
Other Expenses			11,996.
Total to Form 990-EZ, line 14			13,640.
Form 990-EZ, Part I, Line 16, Other	Expenses:		
Description of Other Expenses:		····	Amount:
Supplies			2,761.
Telephone		<u></u>	5,158.
Conf, conventions, etc.			9,317.
Insurance			1,295.
Advertising and Promotion			3,772.
Youth and Safety			3,704.
Miscellaneous			6,596.
1 HA For Danaguark Badyation Act Nation and the Instructions for F	000 000 F7	Cabadi	Ja O /Farm 000 at 000 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

2012
Open to Public Inspection

Department of the Treasury ► Attach to Form 990 or 990-EZ. Inspection Internal Revenue Service **Employer identification number** Name of the organization Howard County Farm Bureau 71-6053309 Travel 1,530. Depreciation 920. Total to Form 990-EZ, line 16 35,053. Form 990-EZ, Part II, Line 26, Other Liabilities: End of Year Description Beq. of Year Prepaid Membership 12,063. 11,346. Payroll Liabilities 1,642. 1,624. 12,970. Total to Form 990-EZ, line 26 13,705. 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

Howard County Farm Bureau

Employer identification number 71-6053309

Howard County Farm Bu	<u>reau</u>		71-60533	09
Part IV List of Officers, Directors, Trustees, and Key E	mployees. List each one er	ven if not compensated	(see the instructions f	or Part IV)
(a) Name and title	(b) Average hours per week devoted to position	(C) 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
Ray Rogers				
Member	0.50	0.	0.	0.
Kevin Smith				_
Member	0.50	0.	0.	0.
Kenneth Tabler	2 - 2			
Member	0.50	0.	0.	0.
Brent Talley	0.50			
Member	0.50	0.	0.	0.
Dana Turner	0.50			0
Member	0.50	0.	0.	0.
Ricky Westfall Member	0.50	0.	0.	0.
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