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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter Social Security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

For the 2013 calendar year, or tax year beginning and ending 2014 NOV 2013 31, D Employer identification number C Name of organization Address change 23-7051888 Dallas County Farm Bureau Name change Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number Room/suite Initial return 870-352-5533 P.O. Box 968 Terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Fordyce, 71742 Number > Application pending Accounting Method: Cash X Accrual Other (specify) ▶ H Check ► X if the organization is not Website: ▶ www.arfb.com/dallas required to attach Schedule B 4947(a)(1) or L 501(c)(3) X 501(c) (5 Tax-exempt status (check only one) - L) **◄**(insert no.) [(Form 990, 990-EZ, or 990-PF). K Form of organization: X Corporation Trust ____ Association 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, 77,521. column (B) below) are \$500,000 or more, file 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) X Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received 2 2 Program service revenue including government fees and contracts 23,516. 3 Membership dues and assessments 3 See Schedule O 2,671. Investment income 4 5a 5a Gross amount from sale of assets other than inventory 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 line 5a) 5с Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a **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 6b gross income and contributions exceeds \$15,000) 6c c Less: direct expenses from gaming and fundraising events Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d Gross sales of inventory, less returns and allowances 7a 7b b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c See (Schedille O 51,334. Other revenue (describe in Schedule O) 8 8 9 77,521. 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 4005 Üι 125. 10 Grants and similar amounts paid (list in Schedule 0) 10 JUN 17 2015 ٠, ١ 11 Benefits paid to or for members 11 59,747. Salaries, other compensation, and employee benefits 12 12 600. Professional fees and other payments to independent contractors OGDEN. LIT 13 13 See-Schedule-O 14 10,739. 14 Occupancy, rent, utilities, and maintenance 2,455. Printing, publications, postage, and shipping 15 15 See Schedule O 20,886. Other expenses (describe in Schedule O) 16 16 94,552. 17 17 Total expenses Add lines 10 through 16 <u>-17,031.</u> 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 161,607. (must agree with end-of-year figure reported on prior year's return) 19 20 Other changes in net assets or fund balances (explain in Schedule 0) 20

Form **990-EZ** (2013)

21

144,576.

Net assets or fund balances at end of year. Combine lines 18 through 20

LHA For Paperwork Reduction Act Notice, see the separate instructions

orn	n 990-EZ (2013) Dallas County Farm Bureau	<u> </u>	<u> </u>	<u> 23-</u>	70518	88 Page 2
Pa	art II Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to res	spond to any questi	<u>on in this Part II</u>			X
			(A) Beginning of year		(B) E	nd of year
22	Cash, savings, and investments		118,506	. 22		80,111.
23	Land and buildings		52,156	. 23		75,444.
24	Other assets (describe in Schedule O) See Schedule Q)	0	. 24		3,134.
25	Total assets		170,662	. 25		158,689.
26	Total liabilities (describe in Schedule 0) See Schedule O)	9,055	. 26		14,113.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		161,607			144,576.
Pa	art III Statement of Program Service Accomplishmen	nts (see the instruct				(penses
	Check if the organization used Schedule O to res	pond to any questi	on in this Part II		(Required	for section
V ha	t is the organization's primary exempt purpose? Agricultural P					and 501(c)(4) ons and section
	ribe the organization's program service accomplishments for each of its three largest program		ses. In a clear and concise) trusts; optional
	ner, describe the services provided, the number of persons benefited, and other relevant inform		in a clour and contribe		for others.	.)
28	County Farm Bureau work is general	in nature. h	elping far			
	families achieve educational improv					
	opportunity, and social advancement		0120		1	
	(Grants \$) If this amount includes foreign g				28a	
29	The this amount includes foreign g	nants, check here		<u> </u>	208	
						
	-					
	/O and the desired and the des	t. sheel been			00-	
	(Grants \$) If this amount includes foreign g	rants, check here		<u> </u>	29a	
30						
	70			<u> </u>	_	
	(Grants \$) If this amount includes foreign g	rants, check here		Ш.	30a	
	Other program services (describe in Schedule O)					
	(Grants \$) If this amount includes foreign g	rants, check here		ب	31a	
12	Total programs parties averages (add lippo 200 through 210)				32	
_	Total program service expenses (add lines 28a through 31a)					
Pa	art IV List of Officers, Directors, Trustees, and Key E					or Part IV)
Pa	Check if the organization used Schedule O to res	pond to any questic		<u> </u>	instructions f	
Pa	Check if the organization used Schedule O to res	pond to any question (b) Average hours	on in this Part IV	/ (d) не:		(e) Estimated
Pa	art IV List of Officers, Directors, Trustees, and Key E	pond to any questic (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Heacontr	alth benefits, ibutions to	(e) Estimated amount of other
	Check if the organization used Schedule O to res (a) Name and title	pond to any question (b) Average hours	(c) Reportable compensation (Forms	(d) Her contr emplo plans,	instructions for alth benefits, ibutions to	(e) Estimated
Gr	Check if the organization used Schedule O to res (a) Name and title	pond to any questic (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Her contr emplo plans,	alth benefits, ibutions to byee benefit and deferred pensation	(e) Estimated amount of other compensation
<u>Gr</u>	Check if the organization used Schedule O to res (a) Name and title eg Erwin esident	pond to any questic (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Her contr emplo plans,	alth benefits, ibutions to be benefit and deferred	(e) Estimated amount of other
Gr Pr	Check if the organization used Schedule O to res (a) Name and title eg Erwin esident mes Taylor	(b) Average hours per week devoted to position 0.50	on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Her contr emplo plans,	alth benefits, ibutions to oyee benefit and deferred pensation	(e) Estimated amount of other compensation
Gr Pr Ja	Check if the organization used Schedule O to res (a) Name and title eg Erwin esident mes Taylor ce President	pond to any questic (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Her contr emplo plans,	alth benefits, ibutions to byee benefit and deferred pensation	(e) Estimated amount of other compensation
Gr Pr Ja Vi	Check if the organization used Schedule O to res (a) Name and title eg Erwin esident mes Taylor ce President m Barham	pond to any questice (b) Average hours per week devoted to position 0.50 0.50	on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	(d) Her contr emplo plans,	alth benefits, ibutions to byse benefit and deferred pensation	(e) Estimated amount of other compensation 0.
Gr Pr Ja Vi Se	Check if the organization used Schedule O to res (a) Name and title eg Erwin esident mes Taylor ce President m Barham cretary/Treasurer	(b) Average hours per week devoted to position 0.50	on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Her contr emplo plans,	alth benefits, ibutions to oyee benefit and deferred pensation	(e) Estimated amount of other compensation
Gr Pr Ja Vi Se	Check if the organization used Schedule O to res (a) Name and title eg Erwin esident mes Taylor ce President m Barham	pond to any questice (b) Average hours per week devoted to position 0.50 0.50	on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	(d) Her contr emplo plans,	alth benefits, ibutions to byse benefit and deferred pensation	(e) Estimated amount of other compensation 0.
Gr Pr Ja Vi Ji: Se	Check if the organization used Schedule O to res (a) Name and title eg Erwin esident mes Taylor ce President m Barham cretary/Treasurer	pond to any questice (b) Average hours per week devoted to position 0.50 0.50	on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	(d) Her contr emplo plans,	alth benefits, ibutions to byse benefit and deferred pensation	(e) Estimated amount of other compensation 0.
Gr Ja Vi Se Go Me	check if the organization used Schedule O to res (a) Name and title eg Erwin esident mes Taylor ce President m Barham cretary/Treasurer rdon Greene	pond to any questice (b) Average hours per week devoted to position 0.50 0.50 0.50	on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	(d) Her contr emplo plans,	alth benefits, ibutions to to to be seried pensation 0 •	(e) Estimated amount of other compensation 0.
Gr Pr Ja Vi Se Go Me	check if the organization used Schedule O to res (a) Name and title eg Erwin esident mes Taylor ce President m Barham cretary/Treasurer rdon Greene mber	pond to any questice (b) Average hours per week devoted to position 0.50 0.50	on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	(d) Her contr emplo plans,	alth benefits, ibutions to to to be seried pensation 0 •	(e) Estimated amount of other compensation 0. 0.
Gr Pr Ja: Vi Se Go Me Ro	Check if the organization used Schedule O to res (a) Name and title eg Erwin esident mes Taylor ce President m Barham cretary/Treasurer rdon Greene mber nnie Hogg	pond to any questice (b) Average hours per week devoted to position 0.50 0.50 0.50	On In this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	(d) Her contr emplo plans,	alth benefits, ibutions to byse benefit and deferred pensation 0.	(e) Estimated amount of other compensation 0.
Gr Ja Vi Se Go Me Ro Me	Check if the organization used Schedule O to res (a) Name and title eg Erwin esident mes Taylor ce President m Barham cretary/Treasurer rdon Greene mber nnie Hogg mber	pond to any questice (b) Average hours per week devoted to position 0.50 0.50 0.50	On In this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	(d) Her contr emplo plans,	alth benefits, ibutions to byse benefit and deferred pensation 0.	(e) Estimated amount of other compensation 0. 0.
Gr Ja Vi Se Me Ro Me	Check if the organization used Schedule O to res (a) Name and title eg Erwin esident mes Taylor ce President m Barham cretary/Treasurer rdon Greene mber nnie Hogg mber d Owens mber	pond to any questice (b) Average hours per week devoted to position 0.50 0.50 0.50 0.50 0.50	on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0.	(d) Her contr emplo plans,	alth benefits, ibutions to oppe benefit and deferred pensation 0. 0. 0.	(e) Estimated amount of other compensation 0. 0.
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Form	990-EZ (2013) Dallas County Farm Bureau 23-7051	888	{1	Page 3
	rt V Other Information (Note the Schedule A and personal benefit contract statement requirement	s in t	he	
	instructions for Part V) Check if the organization used Sch. O to respond to any question in thi	s Par	t V	\mathbf{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	X	
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	Х	
	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,"			
	complete applicable parts of Schedule N	36		<u>X</u>
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:			
a	Initiation fees and capital contributions included on line 9 39a N/A	.		
	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 ; section 4912 \blacktriangleright ; 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?		37 /	_
	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			
a	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization N/A		1	
۵	organization All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
6	transaction? If "Yes," complete Form 8886-T	40e		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. ▶ 870-35	2-5	533	
	Located at ▶ P.O. Box 968, Fordyce, AR ZIP+4 ▶ 7			
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		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.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c_		<u> </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	37/3		Ш
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Voc	No
	District and the completed instead of the completed instead of		163	140
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
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	174		 -
D	of Form 990-EZ	44b		x
	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	<u> </u>		<u> </u>
U	In Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		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		X
		Form 9	90-EZ	(2013)

FOITH 990-EZ (2	Dallas County Fa	rm <u>Bureau</u>	1			<u> 23-7051</u>	<u> </u>		raye 4
								Yes	No
	rganization engage, directly or indirectly, in politic	cal campaign activiti	es on behalf of or i	n oppositio	on to candidates for pu	iblic office?			
	omplete Schedule C, Part I						46		<u> </u>
	Section 501(c)(3) organizations of								
	All section 501(c)(3) organizations must ans	swer questions 47	7-49b and 52, and	d complet	e the tables for line	s 50 and 51.			
	Check if the organization used Schedule O	to respond to an	y question in this	Part VI					ليا
						,		Yes	No
47 Did the oi	rganization engage in lobbying activities or have a	a section 501(h) ele	ction in effect durin	ng the tax y	ear? If "Yes," complete	Sch. C, Part II	47		
48 Is the org	anization a school as described in section 170(b))(1)(A)(II)? If "Yes,"	(
49a Did the or	ganization make any transfers to an exempt non-	-charitable related o	, ,				49a		
	as the related organization a section 527 organiz						49b		
	this table for the organization's five highest com		s (other than office	rs. director	s, trustees and kev en	nplovees) who e	ach rec	eived i	more
	0,000 of compensation from the organization. If t		•		.,	, ,			
<u>.</u>	(a) Name and title of each employee (b) Average hours (c) Reportable (d) Health benefits						10) Estim	ated
	(a) Name and the or each employee		ner week devoted to compensation		compensation (Forms	contributions to employee benefit	1000	ount of	
	37 / 3		position		W-2/1099-MISC)	plans, and deferre			
	N/A				-	compensation	┼─		
			-						
			 		 		┼		
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	<u> </u>		4				1		
							4		
			_						
	ion. If there is none, enter "None." N/A lame and business address of each independent of	contractor		(b)	Type of service	(c) (Compe	nsation	1
									
d Total num	nber of other independent contractors each receiv	ing over \$100,000			>				
2 Did the or	ganization complete Schedule A? Note All section	on 501(c)(3) organi	zations and 4947(a)(1) nonex	empt				
charitable	trusts must attach a completed Schedule A					▶ [☐ Ye	s [□No
Under penalties of Declaration of prei	trusts must attach a completed Schedule A perjury, I deplace that I have exercined this return, includi parer (other Man officer) is based on all information of whice	ng accompanying sche	dules and statements,	and to the b	est of my knowledge and	belief, it is true, cor	rect, an	d compl	ete
	In the					6-10-	5		
Sign Here	Signature of diffice. Cres Frwin Type or print name and title					Date			
	Print/Type preparer's name P	reparer's signature		Date	Check] If PTIN			
Daid			_		self- employ	/ed			
Paid	Sherry Chesser, CPA	1 Lung	hoou	ے۔ یا	125	P00	174	819	
Preparer	Firm's name > Thomas & Thom	as /LLP	- 11	<u> </u>	Firm's EIN	. = 4 00			
Use Only	Firm's address > 201 E. Markh		500			501-37	<u> </u>		
	Little Rock,				Phone no.	JUI-3/	<u> </u>	<u>U 4 3</u>	
May the IDC die	scuss this return with the preparer shown above?		·				X Ye	. [No.
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Form 990-EZ (2013)

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 23-7051888

Dallas County Farm Bureau	23-7051888
Form 990-EZ, Part I, Line 4, Rental Income:	
Kind and Location of Property:	Amount:
Office Space- Fordyce, AR	2,100.
Form 990-EZ, Part I, Line 4, Other Investment Income	
Description of Property:	Amount:
Interest on Savings and Cash Investments	
Form 990-EZ, Part I, Line 8, Other Revenue:	
Description of Other Revenue:	Amount:
Insurance Service Fees	50,641.
Royalty Income	693.
Total to Form 990-EZ, line 8	51,334.
Form 990-EZ, Part I, Line 14, Occupancy, Rent, Utili	
Description of Expenses:	Amount:
Depreciation	3,553.
Other Expenses	7,186.
Total to Form 990-EZ, line 14	10,739.
Form 990-EZ, Part I, Line 16, Other Expenses:	
Description of Other Expenses:	Amount:
Supplies	3,979.
Telephone	4,009.
Conf, conventions, etc.	2,146.
Insurance	398.

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ
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Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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Open to Public Inspection

OMB No 1545-0047

Name of the organization	Dallas County Farm Bureau		Employe	er identification number 7051888
Advertising and	l Promotion			5,542.
Youth and Safet	у			2,975.
Miscellaneous				1,266.
Depreciation				571.
Total to Form 9	990-EZ, line 16			20,886.
	art II, Line 24, Other Assets:			
Description		Beg. of	Year	End of Year
Other Deprecial	ole Assets		0.	3,134.
Form 990-EZ, Pa	art II, Line 26, Other Liabili	ties:		
	.es-EZ			4,974.
	ship		747.	7,503.
Payroll Liabili	ties	1,	308.	1,636.
Total to Form 9	990-EZ, line 26	9,	055.	14,113.
	art V, Information Regarding F			-
	on did not, during the year, r			directly,
	to pay premiums on a personal			
	on, did not, during the year,		ums, o	directly,
or indirectly,	on a personal benefit contrac	et.		
				
			. <u>.</u>	
				