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# Short Form

## Return of Organization Exempt From Income Tax

2013

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

► 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](http://www.irs.gov/form990).Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning

NOV 1, 2013

and ending OCT 31, 2014

B Check if applicable

Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

C Name of organization

Jefferson County Farm Bureau

D Employer identification number

71-0269275

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

P.O. Box 8052

E Telephone number

870-535-1616

City or town, state or province, country, and ZIP or foreign postal code

Pine Bluff, AR 71611

F Group Exemption

Number ►

G Accounting Method  Cash  Accrual Other (specify) ►I Website: ► [www.arfb.com/jefferson](http://www.arfb.com/jefferson)J Tax-exempt status (check only one) —  501(c)(3)  501(c)(5) (insert no)  4947(a)(1) or  527H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)K Form of organization  Corporation  Trust  Association  Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 148,480.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I 

Revenue	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 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 (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	See Schedule O 5a 5b 6a 6b 6c 6d 7a 7b 7c 8 9	1 2 3 37,164. 4 6,860. 5c 6d 7c 8 104,456. 9 148,480.
Expenses	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	See Schedule O See Schedule O See Schedule O	10 11 12 110,542. 13 600. 14 21,758. 15 2,746. 16 23,752. 17 159,398. 18 -10,918. 19 134,415. 20 0. 21 123,497.
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (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 O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20	►	►

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

Form 990-EZ (2013)

**Part II Balance Sheets** (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II 

22 Cash, savings, and investments

23 Land and buildings

24 Other assets (describe in Schedule O)

See Schedule O

25 Total assets

26 Total liabilities (describe in Schedule O)

See Schedule O

27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

(A) Beginning of year	(B) End of year
123,363.22	113,072.
23,262.23	20,467.
85.24	1,339.
146,710.25	134,878.
12,295.26	11,381.
134,415.27	123,497.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? Agricultural Promotion

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

## Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

28 County Farm Bureau work is general in nature, helping farm families achieve educational improvements, economic opportunity, and social advancement.

(Grants \$ ) If this amount includes foreign grants, check here  28a

29

(Grants \$ ) If this amount includes foreign grants, check here  29a

30

(Grants \$ ) If this amount includes foreign grants, check here  30a

31 Other program services (describe in Schedule O)

(Grants \$ ) If this amount includes foreign grants, check here  31a32 Total program service expenses (add lines 28a through 31a)  32**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated - see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this 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
Bryan Bonds				
President	0.50	0.	0.	0.
Kris Baker				
Vice President	0.50	0.	0.	0.
Meredith Baker				
Secretary	0.50	0.	0.	0.
M. Bitely, III				
Member	0.50	0.	0.	0.
Bill Blankenship				
Member	0.50	0.	0.	0.
Lee Blankenship				
Member	0.50	0.	0.	0.
Ron Blankenship				
Member	0.50	0.	0.	0.
Pam Carroll				
Member	0.50	0.	0.	0.
Timothy Carroll				
Member	0.50	0.	0.	0.
Dale Davis				
Member	0.50	0.	0.	0.
Michael Davis				
Member	0.50	0.	0.	0.
Ricky Davis				
Member	0.50	0.	0.	0.

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V 

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  Yes  No

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  Yes  No

35a 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  Yes  No

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  Yes  No

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  Yes  No

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  Yes  No

37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a  Yes  No

b Did the organization file Form 1120-POL for this year? 37b  Yes  No

38a 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  Yes  No

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b  Yes  No

39 Section 501(c)(7) organizations Enter 39a  Yes  No

a Initiation fees and capital contributions included on line 9 39b  Yes  No

b Gross receipts, included on line 9, for public use of club facilities

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 40a  Yes  No

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  Yes  No

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 40c  Yes  No

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d  Yes  No

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e  Yes  No

41 List the states with which a copy of this return is filed 41  Yes  No

42a The organization's books are in care of 42a  Yes  No

Telephone no 42a  Yes  No

Located at 42a  Yes  No

P.O. Box 8052, Pine Bluff, AR 42a  Yes  No

ZIP + 4 42a  Yes  No

42b 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 account)? 42b  Yes  No

If "Yes," enter the name of the foreign country 42b  Yes  No

See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. 42c  Yes  No

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c  Yes  No

If "Yes," enter the name of the foreign country 42c  Yes  No

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 43  Yes  No

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a  Yes  No

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  Yes  No

c Did the organization receive any payments for indoor tanning services during the year? 44c  Yes  No

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d  Yes  No

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a  Yes  No

45b 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  Yes  No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch C, Part II

47	
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48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48	
----	--

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a	
-----	--

b If "Yes," was the related organization a section 527 organization?

49b	
-----	--

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				

f Total number of other employees paid over \$100,000 ► \_\_\_\_\_

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" N/A

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ► \_\_\_\_\_

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt

charitable trusts must attach a completed Schedule A

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

► Signature of officer

8-28-15  
Date

► Dawn A. Bond, President

Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Sherry Chesson, CPA	Sherry Chesson	7-30-15		P00174819
	Firm's name ► Thomas & Thomas, LLP			Firm's EIN ► 71-0271741	
	Firm's address ► 201 E. Markham, Suite 500 Little Rock, AR 72201			Phone no 501-375-2025	

May the IRS discuss this return with the preparer shown above? See instructions

►  Yes  No

Form 990-EZ (2013)

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**Open to Public  
Inspection

Name of the organization

Jefferson County Farm Bureau

Employer identification number  
71-0269275**Form 990-EZ, Part I, Line 4, Rental Income:****Kind and Location of Property:****Amount:**

Office Space - Pine Bluff, AR

6,300.

**Form 990-EZ, Part I, Line 4, Other Investment Income:****Description of Property:****Amount:**

Interest on Savings and Cash Investments

560.

**Form 990-EZ, Part I, Line 8, Other Revenue:****Description of Other Revenue:****Amount:**

Insurance Service Fees

101,396.

Royalty Income

1,140.

Miscellaneous Income

1,920.

Total to Form 990-EZ, line 8

104,456.

**Form 990-EZ, Part I, Line 14, Occupancy, Rent, Utilities, and Maintenance:****Description of Expenses:****Amount:**

Depreciation

1,341.

Other Expenses

20,417.

Total to Form 990-EZ, line 14

21,758.

**Form 990-EZ, Part I, Line 16, Other Expenses:****Description of Other Expenses:****Amount:**

Supplies

3,782.

Telephone

4,572.

Equipment rental and maintenance

1,446.

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
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OMB No 1545-0047

**2013**Open to Public  
Inspection

Name of the organization

Jefferson County Farm Bureau

Employer identification number  
71-0269275

Conf, conventions, etc.	6,549.
Insurance	774.
Advertising and Promotion	3,470.
Youth and Safety	1,238.
Miscellaneous	1,577.
Depreciation	344.
<b>Total to Form 990-EZ, line 16</b>	<b>23,752.</b>

**Form 990-EZ, Part II, Line 24, Other Assets:**

Description	Beg. of Year	End of Year
Utility Deposits	85.	85.
Other Depreciable Assets	0.	1,254.
<b>Total to Form 990-EZ, line 24</b>	<b>85.</b>	<b>1,339.</b>

**Form 990-EZ, Part II, Line 26, Other Liabilities:**

Description	Beg. of Year	End of Year
Prepaid Membership	10,401.	9,592.
Payroll Liabilities	1,894.	1,789.
<b>Total to Form 990-EZ, line 26</b>	<b>12,295.</b>	<b>11,381.</b>

**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

## Jefferson County Farm Bureau

**Employer identification number**

71-0269275

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV)