

Form **990EZ**
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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-1150
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 11-01-2019, and ending 10-31-2020

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
NEVADA COUNTY FARM BUREAU

Number and street (or P. O. box, if mail is not delivered to street address) Room/suite
PO BOX 9

City or town, state or province, country, and ZIP or foreign postal code
PRESCOTT, AR 71857

D Employer identification number
71-0259914

E Telephone number
(870) 887-6621

F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: WWW.ARFB.COM/NEVADA

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(5) ◀ (insert no.) 4947(a)(1) or 527

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 ▶ \$ 52,334

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 | 1 | |
| | 2 Program service revenue including government fees and contracts | 2 | |
| | 3 Membership dues and assessments | 3 | 12,100 |
| | 4 Investment income | 4 | 426 |
| | 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 line 5a) | 5c | |
| | 6 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 gross income and contributions exceeds \$15,000) | 6b | |
| c Less: direct expenses from gaming and fundraising events | 6c | | |
| d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | | |
| 7a Gross sales of inventory, less returns and allowances | 7a | | |
| b Less: cost of goods sold | 7b | | |
| c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | | |
| 8 Other revenue (describe in Schedule O) | 8 | 39,808 | |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ | 9 | 52,334 | |

| | | | |
|---|--|-----------|--------|
| Expenses | 10 Grants and similar amounts paid (list in Schedule O) | 10 | 1,550 |
| | 11 Benefits paid to or for members | 11 | |
| | 12 Salaries, other compensation, and employee benefits | 12 | 27,680 |
| | 13 Professional fees and other payments to independent contractors | 13 | 600 |
| | 14 Occupancy, rent, utilities, and maintenance | 14 | 6,159 |
| | 15 Printing, publications, postage, and shipping | 15 | 580 |
| | 16 Other expenses (describe in Schedule O) | 16 | 6,645 |
| 17 Total expenses. Add lines 10 through 16 ▶ | 17 | 43,214 | |
| 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 9,120 | |
| Net Assets | 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) | 19 | 52,303 |
| | 20 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 | 61,423 |

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

| | (A) Beginning of year | | (B) End of year |
|---|-----------------------|-----------|-----------------|
| 22 Cash, savings, and investments | 50,893 | 22 | 59,503 |
| 23 Land and buildings | 8,122 | 23 | 6,802 |
| 24 Other assets (describe in Schedule O) | 249 | 24 | 159 |
| 25 Total assets | 59,264 | 25 | 66,464 |
| 26 Total liabilities (describe in Schedule O). | 6,961 | 26 | 5,041 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 52,303 | 27 | 61,423 |

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

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

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.

| | | | |
|---|--|------------|--|
| 28 See Additional Data Table | | | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | | 28a | |
| 29 | | 29a | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | | | |
| 30 | | 30a | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | | | |
| 31 Other program services (describe in Schedule O) | | | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | | 31a | |
| 32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/> | | 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 |
|-------------------------------------|--|--|---|--|
| ROBERT CUMMINGS PRESIDENT | 0.50 | 0 | 0 | 0 |
| RANDAL REED KOGER VICE PRESIDENT | 0.50 | 0 | 0 | 0 |
| SHANE MEADOR SECRETARY/TREASURER | 0.50 | 0 | 0 | 0 |
| MARK ARMSTRONG MEMBER | 0.50 | 0 | 0 | 0 |
| JAMES BARNES MEMBER | 0.50 | 0 | 0 | 0 |
| CLIFTON BUTLER MEMBER | 0.50 | 0 | 0 | 0 |
| JAMES CORNELIUS MEMBER | 0.50 | 0 | 0 | 0 |
| WILLIAM FORMBY MEMBER | 0.50 | 0 | 0 | 0 |
| JOHN MCLELLAND MEMBER | 0.50 | 0 | 0 | 0 |
| JEFF MILAM MEMBER | 0.50 | 0 | 0 | 0 |
| WILLIAM MORMAN MEMBER | 0.50 | 0 | 0 | 0 |
| RICHARD ROWE 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 Schedule O to respond to any question in this Part V. [X]

Form 990-EZ (2019) Part V Other Information. Questions 33-45b regarding organizational activities, financials, and compliance. Includes a table with Yes/No columns for questions 33-45b.

| | | |
|---|------------|-----------|
| | 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. | 46 | No |

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

| | | |
|--|------------|-----------|
| | Yes | No |
| 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 47 | |
| 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 |
|-------------------------------------|--|---|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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."

| (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 must attach a completed Schedule A ▶ Yes No

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 ROBERT CUMMINGS PRESIDENT Type or print name and title | 2021-02-25 Date |
|---|--------------------|

| | | | | | |
|-------------------------------|--|----------------------|------|---|-------------------|
| Paid Preparer Use Only | Print/Type preparer's name MARIA K BEAN CPA | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN P00941762 |
| | Firm's name ▶ LANDMARK PLC CPAS | | | Firm's EIN ▶ 71-0355269 | |
| | Firm's address ▶ 201 EAST 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

Additional Data

Software ID:

Software Version:

EIN: 71-0259914

Name: NEVADA COUNTY FARM BUREAU

Form 990EZ, Part III - Statement of Program Service Accomplishments

| 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; optional for others.) | |
|---|--|---|
| <p>28 COUNTY FARM BUREAU WORK IS GENERAL IN NATURE, HELPING FARM FAMILIES ACHIEVE EDUCATIONAL IMPROVEMENTS, ECONOMIC OPPORTUNITY, AND SOCIAL ADVANCEMENT.</p> <p>(Grants \$ 0)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p> | 28a | 0 |

**TY 2019 Transfers Personal Benefits
Contracts Declaration**

Name: NEVADA COUNTY FARM BUREAU

EIN: 71-0259914

Declaration: 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.

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury

Name of the organization
NEVADA COUNTY FARM BUREAU

Employer identification number

71-0259914

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME | DESCRIPTION: INTEREST INCOME. AMOUNT: 426. TOTAL TO FORM 990-EZ, LINE 14: 6,159. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE | DESCRIPTION: INSURANCE SERVICE FEES. AMOUNT: 34,402. DESCRIPTION: ROYALTY INCOME. AMOUNT: 269. DESCRIPTION: MISCELLANEOUS INCOME. AMOUNT: 5,137. TOTAL TO FORM 990-EZ, LINE 8: 39,808. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------------------|---|
| FORM 990-EZ, PART I, LINE 14 | DESCRIPTION: DEPRECIATION. AMOUNT: 1,320. DESCRIPTION: OTHER EXPENSES. AMOUNT: 4,839. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES | DESCRIPTION: SUPPLIES. AMOUNT: 1,030. DESCRIPTION: TELEPHONE. AMOUNT: 3,354. DESCRIPTION: CONF, CONVENTIONS, ETC.. AMOUNT: 829. DESCRIPTION: INSURANCE. AMOUNT: 581. DESCRIPTION: ADVERTISING AND PROMOTION. AMOUNT: 750. DESCRIPTION: MISCELLANEOUS. AMOUNT: 10. DESCRIPTION: DEPRECIATION. AMOUNT: 91. TOTAL TO FORM 990-EZ, LINE 16: 6,645. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS | DESCRIPTION: OTHER DEPRECIABLE ASSETS. BEG. OF YEAR AMOUNT: 249. END OF YEAR AMOUNT: 159. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES | DESCRIPTION: PREPAID MEMBERSHIP. BEG. OF YEAR AMOUNT: 4,490. END OF YEAR AMOUNT: 4,617. DESCRIPTION: PAYROLL LIABILITIES. BEG. OF YEAR AMOUNT: 483. END OF YEAR AMOUNT: 382. DESCRIPTION: OTHER CURRENT LIABILITIES. BEG. OF YEAR AMOUNT: 1,988. END OF YEAR AMOUNT: 42. |