

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 black lung benefit trust or private foundation)

OMB No. 1545-1150

**2004**  
**Open to Public Inspection**

Department of the Treasury  
 Internal Revenue Service

▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year  
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**A For the 2004 calendar year, or tax year beginning** NOV 01, 2004, and ending OCT 31, 2005

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	<b>C</b> Name of organization, number and street, city, town, street, and ZIP code  MARION COUNTY FARM BUREAU  PO BOX 276 YELLVILLE AR 72687	<b>D</b> Employer identification number  71-0393164
		<b>E</b> Telephone number 870-449-4081	
		<b>F</b> Group Exemption Number ▶	
		<b>G</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶	

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

**I Website:** ▶  
**J Organization type** (check only one) -  501(c)(5) ◀ (insert no.) | 4947(a)(1) or | 527  
**H Check**  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

**K Check**  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$100,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 93,257.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See instructions.)

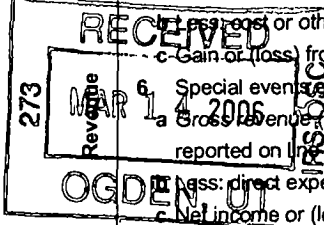
1	Contributions, gifts, grants, and similar amounts received	1	
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	35,090.
4	Investment income	4	1,826.
5 a	Gross amount from sale of assets other than inventory	5 a	
5 b	Depreciation or other basis and sales expenses	5 b	
5 c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule).	5 c	
6	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>		
6 a	Gross revenue (not including \$ of contributions reported on 1128)	6 a	
6 b	Less: direct expenses other than fundraising expenses	6 b	
6 c	Net income or (loss) from special events and activities (line 6a less line 6b)	6 c	
7 a	Gross sales of inventory, less returns and allowances	7 a	
7 b	Less: cost of goods sold	7 b	
7 c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7 c	
8	Other revenue (describe ▶ <u>INS SERV FEES/RENT/MISC/ROYALTY</u> )	8	56,341.
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	93,257.
10	Grants and similar amounts paid (attach schedule)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe ▶ <u>SEE ATTACHED SCHEDULE</u> )	16	87,450.
17	<b>Total expenses</b> (add lines 10 through 16)	17	87,450.
18	Excess or (deficit) for the year (line 9 less line 17)	18	5,807.
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	112,973.
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	118,780.

**Part II Balance Sheets** - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	97,639.	104,235.
23	Land and buildings	30,116.	28,147.
24	Other assets (describe ▶ )		
25	<b>Total assets</b>	127,755.	132,382.
26	<b>Total liabilities</b> (describe ▶ <u>PPD DUES &amp; TAXES PAY</u> )	14,782.	13,602.
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	112,973.	118,780.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2004)

SCANNED APR 12 2008



Part III Statement of Program Service Accomplishments (See instructions.)		Expenses
What is the organization's primary exempt purpose? <u>AGRICULTURAL PROMOTION</u>		(Required for 501(c)(3) & (4) organizations and 4947(a)(1) trusts; optional for others)
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		
28	COUNTY FARM BUREAU WORK IS GENERAL IN NATURE, HELPING FARM FAMILIES ACHIEVE EDUCATIONAL IMPROVEMENTS, ECONOMIC OPPORTUNITY & SOCIAL ADVANC (Grants \$ )	28a
29	EXPENSES INVOLVED IN SERVICING INSURANCE POLICIES (Grants \$ )	29a
30	(Grants \$ )	30a
31	Other program services (attach schedule) (Grants \$ )	31a
32	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 instr)				
(A) Name and address	(B) Title & average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred comp	(E) Expense account and other allowances
SEE ATTACHED SCHEDULE		0		
OFFICIERS & DIRECTORS ARE NOT COMPENSATED THEY SERVE AS VOLUNTARY LEADERS		0		

Part V Other Information (Note the attachment requirement in General Instruction V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	X	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b	Did the organization file Form 1120-POL for this year?		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 unpaid at the start of the period covered by this return?		X
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. 38b		
39	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40 a	501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.		
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, & 4958 ▶		
d	Enter: Amount of tax on line 40c, above, reimbursed by the organization ▶		
41	List the states with which a copy of this return is filed. ▶		
42	The books are in care of ▶ MARION COUNTY FB Telephone no. ▶ 870-449-4081 Located at ▶ YELLEVILLE AR ZIP + 4 ▶ 72687		
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		

Please Sign Here	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			
	Signature of officer	<u>Truman L. Jefferson</u>	Date	<u>03-03-06</u>
Paid Preparer's Use Only	Type or print name and title	<u>TRUMAN L. JEFFERSON</u>	<u>Vice President</u>	
	Preparer's signature	<u>[Signature]</u>	Date	<u>02/24/2006</u>
	Firm's name (or yours if self-employed), address, and ZIP + 4	<u>ARKANSAS FARM BUREAU FEDERATION</u>	Check if self-employed	<input type="checkbox"/>
		<u>PO BOX 31</u>	Preparer's SSN or PTIN (See Gen Inst W)	<u>430-90-8039</u>
	<u>Little Rock AR 72203-</u>	EIN	<u>71-0242776</u>	
		Phone no	<u>501-224-4400</u>	

MARION COUNTY  
FARM BUREAU  
OCTOBER 31, 2005

71 - 0393164

	SERVICING INSURANCE NEEDS	MANAGEMENT AND GENERAL	TOTAL
OTHER SALARIES & WAGES	\$42,805.28	\$10,701.32	\$53,506.60
TAXES			
Payroll	\$3,375.92	\$843.98	\$4,219.90
Property	1,001.38	143.05	1,144.43
TOTAL TAXES	\$4,377.30	\$987.03	\$5,364.33
CONTRIBUTIONS & YOUTH WORK	\$2,498.89	\$1,916.11	\$4,415.00
OTHER DEDUCTIONS			
Advertising & Promotion	\$991.88	\$330.63	\$1,322.50
Bldg. Repairs & Maint.	532.12	76.02	608.14
Committee & Officers Exp.	2,268.52	1,739.47	4,007.99
County Annual Meeting	852.02	653.32	1,505.34
Insurance	802.95	267.65	1,070.60
Janitorial Supplies & Exp.	229.74	76.58	306.32
Miscellaneous	233.10	77.70	310.80
Office Expense	1,350.27	450.09	1,800.36
Postage	2,094.66	523.67	2,618.33
Records & Audit	339.60	260.40	600.00
Telephone	3,164.26	1,054.75	4,219.01
Utilities	1,491.17	497.06	1,988.23
Other Membership Services	0.00	0.00	0.00
TOTAL OTHER DEDUCTIONS	\$14,350.30	\$6,007.32	\$20,357.62
DEPRECIATION	\$3,330.71	\$475.82	\$3,806.52
TOTAL EXPENSES	\$67,362.47	\$20,087.60	\$87,450.07

SCHEDULE OF DEPRECIATION:

	LIFE	COST	DEPRECIATION	
			PRIOR	FY 2004
Office Equipment	10.0	\$22,213.35	(\$19,499.57)	(\$20,233.18)
Building	20.0	\$70,707.53	(\$47,237.62)	(\$50,310.53)
Land		\$5,770.00	\$0.00	\$0.00
Parking Lot	5.0	\$8,293.97	(\$8,293.77)	(\$8,293.77)
TOTALS		\$106,984.85	(\$75,030.96)	(\$78,837.48)

## 2005 COUNTY BOARD

MARION COUNTY  
PRESIDENT  
DON JOHNSON  
2032 HWY 125 SOUTH  
HARRISON AR 72601

MARION COUNTY  
VICE PRESIDENT  
TRUMAN JEFFERSON  
11524 HWY 62 W  
HARRISON AR 72601

MARION COUNTY  
TREASURER  
WILLIAM MCCOY  
PO BOX 406  
YELLVILLE AR 72687

MARION COUNTY  
SECRETARY  
RICK CASEY  
5120 HWY. 62 W.  
YELLVILLE AR 72687

MARION COUNTY  
H. ALEXANDER  
3304 MC 7023  
FLIPPIN AR 72634

MARION COUNTY  
LLOYD BLASDEL  
9114 MC 8001  
YELLVILLE AR 72687

MARION COUNTY  
DAVID BOSTIAN  
PO BOX 1641  
SPRINGDALE AR 72765

MARION COUNTY  
DR. O. M. CARTER  
PO BOX 1158  
YELLVILLE AR 72687

MARION COUNTY  
RON COTHRAN  
13987 HWY. 235  
EVERTON AR 72633

MARION COUNTY  
LEON DAVENPORT  
1003 MC 6041  
YELLVILLE AR 72687

MARION COUNTY  
MONTY DAVENPORT  
644 MC 4003  
YELLVILLE AR 72687

MARION COUNTY  
ALTUS DOSHIER  
PO BOX 422  
YELLVILLE AR 72687

MARION COUNTY  
KEVIN FLIPPIN  
3850 MC 6014  
YELLVILLE AR 72687

MARION COUNTY  
MARCUS FLIPPIN  
245 MC 7001  
FLIPPIN AR 72634

MARION COUNTY  
H. M. HARRIS  
3092 MC 6043  
YELLVILLE AR 72687

MARION COUNTY  
ROSCOE JEFFERSON  
133 MC 6048  
YELLVILLE AR 72687

MARION COUNTY  
JOYCE JONES  
2241 MC 6075  
YELLVILLE AR 72687

## 2005 COUNTY BOARD

MARION COUNTY  
LOUIE PANNELL  
9116 MC 4018  
YELLVILLE AR 72687

MARION COUNTY  
VERNON PARKER  
117 MC 3028  
YELLVILLE AR 72687

MARION COUNTY  
BEN SMITH  
PO BOX 1176  
YELLVILLE AR 72687

MARION COUNTY  
GENE SMITH  
4068 MC 4042  
YELLVILLE AR 72687

MARION COUNTY  
DOYNE TREAT  
5100 HWY 235 SOUTH  
YELLVILLE AR 72687

MARION COUNTY  
JOHNNY WEAVER  
495 MC 8001  
YELLVILLE AR 72687

MARION COUNTY  
RANDY WHITE  
PO BOX 984  
FLIPPIN AR 72634