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 tung benefit trust or private foundation)

Sponsonng organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

Open to Public

2009

OMB No 1545-1150

Department of the Treasury Inspection The organization may have to use a copy of this return to satisfy state reporting requirements internal Revenue Service 20 For the 2009 calendar year, or tax year beginning 2009, and ending D Employer identification number C Name of organization Check if applicable SEARCY COUNTY VETERANS MEMORIAL ASS 71-0828068 Address change use IRS label or Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number print or Initial return type. See PO BOX 1158 (870) 448-2722 Terminated Soecific City or town, state or country, and ZIP + 4 Instruc Group Exemption Amended return MARSHALL, AR 72650 Number > Application pending Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach Accounting Method X Cash Accrual a completed Schedule A (Form 990 or 990-EZ). Other (specify) Check ► X if the organization is not Website: required to attach Schedule B (Form 990. Tax-exempt status (check only one) - X 501(c) (3) ◀ (insert no) 527 4947(a)(1) or 990-EZ, or 990-PF) K Check | X if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ 68,213 (See the instructions for Part I) Revenue, Expenses, and Changes in Net Assets or Fund Balances 67.708 Contributions, gifts, grants, and similar amounts received . . . 505 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 Investment income 4 Gross amount from sale of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c R Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here of contributions 0 a Gross revenue (not including \$ n 6a 6b b Less direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c Less' cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe R 68,213 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 10 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 11 Ε 12 12 Salaries, other compensation, and employee benefits X P e n Professional fees and other payments to independent contract 13 13 2.435 14 14 Occupancy, rent, utilities, and maintenance 15 15 60 Printing, publications, postage, and shipping 377 16 Other expenses (describe > STM130 16 17 Total expenses. Add lines 10 through 16 17 2,872 65,341 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 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) 42,179 19 20 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 107,520 If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ Part II Balance Sheets. (See the instructions for Part II) (A) Beginning of year (B) End of year 44,958 42,179 22 174,913 Land and buildings 23 24 Other assets (describe 42,179 25 219,871 112,351 26 26 Total liabilities (describe STM132 107,520 42,179 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) Form 990-EZ (2009) EEA

<u> </u>	LV Cuter information		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 • • • • • • • • • • • • • • • • • • •	- 33		Х
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of			
	the changes $\cdots \cdots \cdots$	• 34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but			
	not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section			1
	6033(e) notice, reporting, and proxy tax requirements?	• 35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	- 35b		L
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		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions • • • • • 37a	J		
þ	Did the organization file Form 1120-POL for this year?	· 37b		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 period covered by this return?	- 38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved •••••••• 38b			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 · · · · · · · · · · · · · · · · · ·	4		
b	Gross receipts, included on line 9, for public use of club facilities ••••••••••••••••••••••••••••••••••••	4	}	l
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			1
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
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 is it aware that it engaged in an excess benefit transaction with a disqualified			l
	person in a prior year, and that the transaction has not been reported on any of the organization's prior			ĺ
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	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 · · · · · · · · · · · · · · · · · · ·			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			
	reimbursed by the organization			
0	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		X
41	List the states with which a copy of this return is filed			
42 a		448-2	722	
	Located at ▶ 603 CANAAN STREET Marshall, AR ZIP+4 ▶ 726	550		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			r
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	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			ł
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	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	• • • •	• • •	· [
	and enter the amount of tax-exempt interest received or accrued during the tax year • • • • • • • • • • • • • • • • • • •			
				r
		r	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ • • • • • • • • • • • • • • • • • • •	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	ļ		
_	"Yes," Form 990 must be completed instead of Form 990-EZ	45		X
	EEA	Form 99	0-EZ (2009)

	and complete the tables for lines 50 and 51						
46 Did the	e organization engage in direct or indirect politi	lical campaign activities on I	behalf of or in oppo	sition to		Yes	No
	ates for public office? If "Yes," complete Scho	· •	• • • • • • • •		46	1,00	X
	e organization engage in lobbying activities?		C. Part II		47	+	X
	organization a school as described in section	•			48	1	X
	e organization make any transfers to an exem				49a	+	X
	," was the related organization a section 527 of	·			· · · · 49b		
	ete this table for the organization's five highes	·		directors trustees and	بنا	<u> </u>	
-	yees) who each received more than \$100,000				•		
		(b) Title and average	(c) Compensation	(d) Contributions to		Expense	
(a) Na	ame and address of each employee paid more than \$100,000	hours per week devoted to position	1	employee benefit plans deferred compensation		ount and illowance:	8
NONE							
						-	
		1					
			ļ				
		1	1				
		<u> </u>					
			}		j		
		<u> </u>					
	100 of compensation from the organization If 100 Name and address of each independent contractor paid			ype of service	(c) Compe	ensation	
NONE							
d Total n	number of other independent contractors each	receiving over \$100,000	>	0			
Sign Here	Under penalties of penury, I declare that I have exa and belief, this true, correct, and complete Declare Signature I officer JIM BLOUGH, TREASURER Type or pnnt name and title	imined this return, including accomp ation of preparer (other than officer)	anying schedules and st is based on all informatio	atements, and to the best of non of which preparer has any long the Date	ny knowledge knowledge <i>3010</i>		
	Preparer's Preparer's	iest	Date		arer's Identifying No	(See ins	it)
Pald	signature AUDIE DEPRIEST		7-28-10	self- employed ► X	002165	42	_
Preparer's	, DEPRIEST B	USINESS SERVICES		EIN			
Use Only	Firm's name (or yours if self-employed), PO BOX 958						
				ㅋ 、		_	
j	address, and ZIP + 4 Marshall,	AR 72650		Phone no P 8	70-448-272:	2	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions.

Open to Public Inspection

Employer identification number

SEA	RCY	COUNTY VETERAN							L	828068			
Pa	rt I	Reason for	Public Charit	y Status (All organiz	ations mus	t complete	this part)	See instri	uctions				
The	orga			use it is (For lines 1 thro									
1		A church, convention	of churches, or a	ssociation of churches d	escribed ir	section 1	70(ь)(1)(А)(i).					
2		A school described in	n section 170(b)(1)	(A)(ii). (Attach Schedule	E)								
3		A hospital or a coope	erative hospital ser	vice organization descri	bed in sec	tion 170(b)	(1)(A)(iii).						
4		A medical research of	organization opera	ted in conjunction with a	hospital d	escribed in	section 1	70(b)(1)(A)(iii). Ente	the hospit	al's nam	e,	
		city, and state.									_		
5		An organization oper	ated for the benef	it of a college or univers	ty owned	or operated	by a gove	ernmental	unit descri	bed in			
		section 170(b)(1)(A)(iv). (Complete Par	t II)									
6		A federal, state, or lo	cal government or	governmental unit desc	ribed in se	ction 170(b)(1)(A)(v)						
7	X	An organization that	normally receives	a substantial part of its s	support fro	m a govern	mental un	ut or from	the genera	l public			
		described in section	170(b)(1)(A)(vI). (0	Complete Part II)									
8		A community trust de	escribed in section	170(b)(1)(A)(vi). (Comp	lete Part II)							
9		An organization that	normally receives	(1) more than 33 1/3%	of its supp	ort from co	ntributions	s, member	ship fees,	and gross			
		receipts from activitie	es related to its exe	empt functions - subject	to certain e	exceptions,	and (2) n	o more tha	an 33 1/3%	of its			
		support from gross in	ivestment income	and unrelated business	taxable inc	come (less	section 5	11 tax) froi	n business	es			
				30, 1975 See section		· ·	-						
10		•	•	d exclusively to test for i		_		• • •					
11		•	•	d exclusively for the ber					•				
		• •		orted organizations desc						section			
				the type of supporting of					gh 11h				
	_	a Type!	b Typ	'—	J	-Functional	•		d	Type I	li-Other		
θ		-	· ·	rganization is not contro									
		•	•	rs and other than one or	more pub	licly suppo	rted organ	izations d	escribed in	section			
		509(a)(1) or section											
f				etermination from the IR	S that it is				porting				
		organization, check t						• • • • •	• • • • •	• • • • •	• • • •	• • •	• •
g		•	06, has the organi	zation accepted any gift	or contribu	tion from a	ny of the						
		following persons?											
		• •	·	controls, either alone of	_	vitn person	is describe	ea in (ii)				Yes	No
		• • • •	-	y of the supported organ	ization				• • • • •	• • • • •	11g(i)		
		(ii) A family member	•	* *						• • • • •	11g(ii)		
		•	•	n described in (i) or (ii) a				• • • • •			11g(iii)		
<u>h</u>				the supported organiza			T 4 . = .		1 1 2				
	(i) N	ame of supported organization	(ii) EIN	(m) Type of organization (described on lines 1-9	in col (1) is	organization sted in your	(v) Did ye the organ	-	(VI) organizati	is the on an col		Amount d upport	of
				above or IRC section	governing o	•	col (i)	of your	(i) organiz	ed in the		• •	
				(see instructions)	Yes	No		port?	Yes	S?			
		 		<u> </u>	162	10	Yes	100	163	NU			
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							} !						

Pa	rt II Support Schedule for Or (Complete only if you checked the			ctions 170(b)(1)(A)(iv) and	170(b)(1)(A)(vi)	
Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")		1,731	32,200	11,547	19,708	65,186
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3 · · · · ·		1,731	32,200	11,547	19,708	65,186
5	The portion of total contributions by each						
	person (other than a governmental unit or	[Į.			
	publicly supported organization) included		İ		•		
	on line 1 that exceeds 2% of the amount	}					
	shown on line 11, column (f)	1]				
6	Public support. Subtract line 5 from in 4						65,186
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4 · · · · · · · ·		1,731	32,200	11,547	19,708	65,186
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on • • • • • • • • • • • • • • • • • •						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10 .						65,186
12	Gross receipts from related activities, etc. (see instructions)				12	1,180
13	First five years. If the Form 990 is for the organization, check this box and stop here						▶ [X]
	tion C. Computation of Public Su					r., r	
14	Public support percentage for 2009 (line 6,						%
15	Public support percentage from 2008 Sche						%
16a	33 1/3% support test - 2009. If the organiza						. —
	and stop here. The organization qualifies a		-				· · · · ▶□
b	33 1/3% support test - 2008. If the organization			•			_ ;
4	box and stop here. The organization qualif	•	• •				· · · · ▶□
17a	10%-facts-and-circumstances test - 2009.						
	more, and if the organization meets the "fa						▶□
L	organization meets the "facts-and-circumst		=				••••
p	10%-facts-and-circumstances test - 2008.						
	more, and if the organization meets the "far						
10	organization meets the "facts-and-circumst		•		-		
18	Private foundation. If the organization did i	HOLUHEUR B DOX OF	::::::::::::::::::::::::::::::::::::::	iza, or izib, check	imo dux and see il	11 pir u Ciron 2	

Schedule A (Form 990 or 990-EZ) 2009	Page 4
Part IV . Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12 Provide any other additional information. See instructions	
Part II, Line 1, Schedule A, Public Charity Status and Public Support	
Unusual Grant received October 1, 2009	
The Searcy County Veterans Memorial Association received a gift of 1.7	
acres of land in Marshall, Arkansas, to be used as the building site	
for the new veterans Hall. The 1.7 acres of land was appraised by a	
professional land appraiser to have a fair market value of \$48,000.	
	
	
	

Federal Supporting Statements 2009 Name(s) as shown on return Form 990EZ, Part I, Line 16 Other Expenses Schedule 2 Description Amount ADVERTISING 142 235 SUPPLIES Total 377 Form 990EZ, Part II, Line 26 Other Liabilities Schedule 3 Beginning of Year_ End of Year Description 112,351 CONSTRUCTION LOAN BALANCE Total 112,351 JAMES FOUNTAIN Explanation NONE

	Federal Supporting Statements	2009
ame(s) as shown on return		FEIN
IM BLOUGH		
xplanation ONE		
ONE		