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Form **990**

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)

2010

2010

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

				 						
Α	For the 2	010 calendar year, or tax year b	eginning $11/01$, 2	010, and endi	ng 10/31	, 7	2011			
В	Check if ap	plicable		<u>-</u> .	D Emplo	yer Identifica	ation Number	-		
		s change ADA COUNTY FA	RM BUREAU		82-	021462	25			
	\vdash	10 0 00V 210	141 2014110			E Telephone number				
	\vdash	MERIDIAN, ID			001					
	Initial	eturn	208	-888-1	821					
Terminated										
	Amen	led return			G Gross	receipts \$	115,	920.		
	Applic	F Name and address of p	rincipal officer		H(a) Is this a group retu	rn for affiliate	es? Yes	X No		
		SAME AS C ABO			H(b) Are all affiliates inc	:luded?	Yes	No		
	T			1) 07 527	If 'No,' attach a list	. (see instruc				
<u></u>			e) (5) ◀ (insert no.) 4947(a)(1) or 527	4					
J	Websi	e:► N/A			H(c) Group exemption n	umber				
K	Form of	organization Corporation Trust	Association Other►	L Year of Forma	nton M:	State of legal	I domicile			
Pa	art I	Summary								
			mission or most significant activities:	PROMOTIC	ON OF AGRICUI	TURE	 			
		ony abborned and organization of		77/8/707 7/	~ ~.					
Activities & Governance										
nar										
Je II							. – <i>– – –</i> –			
é			zation discontinued its operations or	disposed of m	ore than 25% of its	1 - 1	ts.	0		
જ	3 Nu	mber of voting members of the	governing body (Part VI, line 1a)			3		8		
S			mbers of the governing body (Part VI,			4		0		
ŧ	1		ved in calendar year 2010 (Part V, line	e 2a)		5		0		
ŧ		tal number of volunteers (estima				6		0		
ď	7a To	tal unrelated business revenue f	rom Part VIII, column (C), line 12			7 a	20,	992.		
	b Ne	t unrelated business taxable inc	ome from Form 990-T, line 34			7 b		<u>271.</u>		
					Prior Year		Current Ye	ear		
	8 Cc	ntributions and grants (Part VIII								
e		ogram service revenue (Part VIII			76,	239.				
Revenue	1	restment income (Part VIII, colui				381.				
ě			A), lines 5, 6d, 8c, 9c, 10c, and 11e)					992.		
-	· ·	•		\ 12\				612.		
			h 11 (must equal Part VIII, column (A	(), 1116 12)						
	Į.		Part IX, cqtumn (A) EEBVED	- 1			31,	698.		
	14 Be	nefits paid to or for members (F	art IX, column (A), line-4)	781						
	15 Şa	laries, other compensation, emp	oloyee benefits (Part IX, column (A)	ines (3) 10)			1,	650.		
es	160 Dr	ofessional fundraising fees (Part	IX column SAL LIDAAN 3 W ZUIZ							
SLIS	1		1 1	그림				- 1		
Expenses	b To	tal fundraising expenses (Part i)	(, column (D), line 25)				······································			
ш	17 Ot	ner expenses (Part IX, column (A), lines 11a-11d, OGOEN, U				32,	485.		
	18 To	tal expenses. Add lines 13-17 (r	nust equal Part IX, column (A), line 2	5)			71,	833.		
	1	venue less expenses Subtract I		,				779.		
	•	TOTAL TOSS EXPENSES CUBITACT	10 HOM MIO 12		Beginning of Curre	nt Year	End of Ye			
sets or stancos	20 T-	tel seests (Dout V. line 16)			638,			267.		
200	20 To	tal assets (Part X, line 16)					003,			
4 5	' †'.	tal Irabilities (Part X, line 26)				930.		0.		
žŽ	22 Ne	t assets or fund balances Subtr	act line 21 from line 20		574,	488. _	603,	267.		
Pa	art II	Signature Block								
			this return, including accompanying schedules and	statements, and t	o the best of my knowledg	e and belief.	it is true, correct	. and		
cor	nplete Deci	ration of preparer (other than officer) is ba	this return, including accompanying schedules and sed of all information of which preparer has any k	nowledge						
ī	12.1 N.,	Man den	112		1.26-	20/2				
		Signature of officer			Date					
21	yri Vo	DON CONKE			PRESIDENT					
116	10	DON SONKE Type or print name and bitle			LVESTDENT					
Signal He	<u> </u>	 				107	INI			
	Z	Print/Type preparer's name	Preparer's signature	Date	Check	ıf PTI				
Pa	ìid	CAMERON KELLER, CPA	CAMERON KELLER, CPA		self employ	yed N/	/A			
Pr	eparer	Firm's name KELLER CP.	AS							
Use Only Firm's address ► 700 E FRANKLIN RD SUITE 125 Firm's EIN ► N/A										
	MERIDIAN, ID 83642-7992 Phone no (208) 887-9541									
				· · · · · · · · · · · · · · · · · · ·	I none no		X Yes			
Ma	y the IRS	aiscuss this return with the pre	parer shown above? (see instructions)			A res	No		

orm 990 (2010) ADA COUNTY F		82-0	214625	Page
aாய் Statement of Program	•			
	ns a response to any question in this Part I	<u>u </u>		
 Briefly describe the organization's PROMOTION OF AGRICULT 				· – <u>-</u> – –
2 Did the organization undertake ar	y significant program services during the ye	ar which were not listed on the price	or	
Form 990 or 990-EZ?		· •	Yes	X No
If 'Yes,' describe these new servi				V N
3 Did the organization cease condu If 'Yes,' describe these changes or	cting, or make significant changes in how it	conducts, any program services?	Yes	s X No
4 Describe the exempt purpose ach	evements for each of the organization's three	ee largest program services by exp	enses Section	on 501(c)(3)
and 501(c)(4) organizations and s expenses, and revenue, if any, fo	ection 4947(a)(1) trusts are required to repo	rt the amount of grants and allocat	ions to other	s, the total
la (Code:) (Expenses	including grants of	\$) (Revenue	\$	
	ON OF AGRICULTURE FOR APPRO	XIMATELY 500 MEMBERS		
				. – – – - -
		· - ·		
				.
	 			
b (Code: Expenses	including grants of \$	\$) (Revenue	\$	•
(Codo:) (Expenses	moderning grants or	, (1.010.110	T	
				.
				
				.
				. -
c (Code:) (Expenses	including grants of	\$) (Revenue	\$,
				. – – – - .
	- 			
				·
				.
	 			. _
				. – – – – -
4d Other program services (Describ	n Schedule O.)			
(Expenses \$	including grants of \$) (Revenue \$)
4e Total program service expenses				000 (0011
4A	TEEA0102L 10/06/10		۲٥	rm 990 (2010

Form 990 (2010) ADA COUNTY FARM BUREAU
Part IV. Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Yes, complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations 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	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
ŧ	a Did the organization report an amount for land, buildings and equipment in Part X, line 107f 'Yes,' complete Schedule D. Part VI	11a	Х	
1	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11b		Х
•	c Did the organization report an amount for investments- program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, tine 16? If 'Yes,' complete Schedule D, Part VIII	11c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25°/1f 'Yes,' complete Schedule D, Part X	11 e		X
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)71 'Yes,' complete Schedule D, Part X	11f		Х
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a		Х
	b Was the organization included in consolidated, independent audited financial statements for the tax year?r 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)?If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		X
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		X
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a7f 'Yes,' complete Schedule G, Part III	19		X
	a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		Х
	b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20 b		

			Yes	No
21	*Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1° If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III	22	X	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		_X
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		Х
ŀ	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
•	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
1	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ7f 'Yes,' complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	17.	*.	. ;
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
1	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
•	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
	a 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,' complete Schedule R, Part V, line 2 Yes X No			
36	Section 501(c)(3) organizations.Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197 Note. All Form 990 filers are required to complete Schedule O	38		Х
BAA	4	Forn	n 990 i	(2010)

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
Check it Schedule o Contains a response to any question in this hait v		Yes	No
1a Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable	2	103	
	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		X
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax State-	0		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required toe-file. (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b	Х	
4a 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)?	4a		Х
b If 'Yes,' enter the name of the foreign country: ▶			
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Χ
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		L
g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization®id the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9 a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations.Enter:			Ì
a Initiation fees and capital contributions included on Part VIII, line 12	4		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-	ļ.	
11 Section 501(c)(12) organizations.Enter:			
a Gross income from members or shareholders.			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a Section 4947(a)(1) nonexempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	19-		
a is the organization licensed to issue qualified health plans in more than one state?	13a		
Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c			
e Effect the amount of reservoe of mana	14a		Х
14a Did the organization receive any payments for indoor tanning services during the tax year? • If 'Yes' has it filed a Form 720 to report these payments? If 'No' provide an explanation in Schedule O	14a		_^^

Part VI. Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions \mathbf{X} Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1 a 1 b ٥. **b** Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 X Х 4 Did the organization make any significant changes to its governing documents 4 since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Does the organization have members or stockholders? 6 Х 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7 a b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by 8a Х a The governing body? Х **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes Х 10a Does the organization have local chapters, branches, or affiliates? 10 a b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with those of the organization? 11a Х 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Х 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12c Schedule O how this is done Х 13 Does the organization have a written whistleblower policy? 13 Х 14 Does the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 a Х a The organization's CEO, Executive Director, or top management official Х b Other officers of key employees of the organization 15_b If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a . " b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed _ ID _ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website Upon request 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public SEE SCHEDULE O 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization CINDY ROBERTS 30 S WEST 8TH AVE MERIDIAN ID 83680 208-888-1821

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Form <b>990</b> (2010)	ADA	COUNTY	FARM	BUREAU

82-0214625

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## Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors; institutional trustees, officers, key employees; highest compensated employees, and former such persons

(A)	(B)		ted organization compen					(D)	(E)	(F)	
Name and title	Average hours per week (describe hours for related organiza tions in Schedule O)	or director	institutional trustee	check Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations	
(1) SANDY STEVENSON DIRECTOR	0				-			0.	0.	0	
(2) SHANE STEVENSON DIRECTOR	- 0							0.	0.	0	
(3) KARA JACKSON DIRECTOR	0							0.	0.	0	
(4) BETH CARTER DIRECTOR	0							0.	0.	0	
(5) DON JOHNSON DIRECTOR	- 0							0.	0.	0	
(6) GREG NELSON DIRECTOR	0							0.	0.	0	
(7) DON SONKE PRESIDENT	5			Х				1,650.	0.	0	
(8) LOU MARGOITIO VICE PRESIDENT	-		·	Х				0.	0.	0	
_(9)											
(10)											
(11)					_						
(12)											
(13)										<del></del>	
(14)											
(15)											
(16)											
(17)		<u> </u>				m1/10				Form <b>990</b> (2010	

(A)	(B)			(0				(D)	(E)		(F)	
Name and title	Average hours							Reportable compensation from	Reportable compensation from	E	stmated	j Hoos
	per week (describe hours for related organi- zations in Sch O)	Individua or directo	institutional trustee	Officer	Key employee	Highest compen- employee	Former	the organization (W-2/1099-MISC)	related organizations (W 2/1099 MISC)	cor	npensation of of one of the second of the se	on on
	organi- zations in Sch O)	trustee ir	nal truste		loyee	ompensa					anizatioi	
			rē .			ted						
(18)												
(19)												
20)												
21)									·			
22)												
23)												
24)												
25)									•			
26)		,							,			
27)									,			<u> </u>
28)												
29)												
1b Sub-total							<b>&gt;</b>	1,650.	0.	+		0
c Total from continuation sheets to Part VII, Section	A						<b>•</b>	0.	0.			0
d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limite	d to the	aa li	ctoc	i abi			2 50	1,650.		able co	mnone	0
from the organization • 0	u 10 1110	SC 11	3160								<del></del>	
3 Did the organization list anyformer officer, director	or truste	e, k	еу (	emp	loye	e, o	r hiệ	ghest compensate	ed employee		Yes	No
on line 1a ⁷ If 'Yes,' compléte Schedule J for such in  4 For any individual listed on line 1a, is the sum of re	portable	e cor	npe	nsa	tıon	and	loth	er compensation	from	3	1	Х
the organization and related organizations greater to such individual										4		Х
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' or the P. Indonesia of Contractions.	ompens omplete	atio Sci	n fro hedi	om a ule J	any <i>I foi</i>	unre suc	elate ch pe	ed organization or erson	ındıvıdual	5		Х
Section B. Independent Contractors  1 Complete this table for your five highest compensation from the organization.	ed inde	pend	dent	cor	ntra	ctors	tha	it received more t	han \$100,000 of			
(A) Name and business addres	ss							(B) Description	) of services	Comp	(C) ensatio	on
	-						,					

Par	t VIII   Statement of Revenue					,
			<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
20	1a Federated campaigns 1a					
NA N	<b>b</b> Membership dues 1 <b>b</b>					
R S	c Fundraising events 1c					*
RA	d Related organizations 1 d			•		
2	e Government grants (contributions)			·		
S S	• • • • • • • • • • • • • • • • • • • •					
틄빏	f All other contributions, gifts, grants, and similar amounts not included above			ļ		1
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	g Noncash contributions included in lns 1a-1f \$					{
N N	h Total. Add lines 1a-1f					
<del>"</del>	II Total. Add lines 1a-11	Business Code				
N	2. MEMBEDOUTD DIEC ( ACCECMENTS	543,,,,,,,	75,624.	75,624.		
Ē	2a MEMBERSHIP DUES & ASSESSMENTS		615.	615.	· · · · · · · · · · · · · · · · · · ·	
SE F	b BANQUET INCOME		015.	013.		
Ž.	·					
1 SE	a				<del></del> -	<u> </u>
RAR	e				<del></del>	· · · · · · · · · · · · · · · · · · ·
50	f All other program service revenue	<b></b>	76 220		<del></del>	<del>-</del>
	g Total. Add lines 2a-2f	-	76,239.			
	3 Investment income (including dividends, other similar amounts)	, interest and	3,381.			3,381.
1	·		3,301.			3,301.
	4 Income from investment of tax-exempt I	bona proceeds				
	5 Royaltres (i) Real	(II) Personal			<del></del>	
	<b>6a</b> Gross Rents 36, 300.					
	b Less rental expenses 15, 308.					
	c Rental income or (loss) 20,992.	<b>•</b>	20 002		20 002	
}	d Net rental income or (loss)	· · · · · · · · · · · · · · · · · · ·	20,992.		20,992.	,
	7a Gross amount from sales of (i) Securities	(II) Other		u.		
	assets other than inventory	ļ-··				
	<b>b</b> Less cost or other basis			·		
	and sales expenses.	<del> </del>				
	c Gain or (loss)	L				
	<b>d</b> Net gain or (loss)	<b>&gt;</b>				
4UE	8a Gross income from fundraising events (not including \$					
OTHER REVENU	of contributions reported on line 1c)					
R.	See Part IV, line 18					
풀	<b>b</b> Less: direct expenses <b>b</b>	)		_		
0	c Net income or (loss) from fundraising e	vents 🟲				
	9a Gross income from gaming activities. See Part IV, line 19					
	b Less direct expenses b	,				
	c Net income or (loss) from gaming activity	ties				
	10a Gross sales of inventory, less returns and allowances	ļ		j		
	<b>b</b> Less cost of goods sold <b>b</b>			į		
	c Net income or (loss) from sales of inver	ntory ►				
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	<b>&gt;</b>			•	
	12 Total revenue. See instructions	▶	100,612.	76,239.	20,992.	3,381.
					-,	,

Form 990 (2010)

#### Part X Statement of Functional Expenses

Form 990 (2010)

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Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

**(D)** Fundraising (B) (A) Do not include amounts reported on lines Program service Management and Total expenses general expenses 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, 29,198. 29,198 Grants and other assistance to individuals in 8,500 8,500. the U.S. See Part IV, line 22. Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 1,650 1,650 0 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 0. 0 0. 7 Other salaries and wages. Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees) a Management **b** Legal 1,630. 1,630. c Accounting d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees 2,545. 2,545. g Other  $3, \overline{197}$ . 3,197. 12 Advertising and promotion 5,846 5.846. 13 Office expenses Information technology 15 Royalties Occupancy 16 2,065 2,065 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 7,032 7,032 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 74 74. 23 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) 4,654. 4,654. a PRINTING AND PUBLICATIONS 3,435. 3,435. **b** BANQUET 825 825 c EMPLOYEE AWARDS d ORGANIZATION DUES 630. 630. e TAX ON UNRELATED INCOME 384. 384 168. 168. f All other expenses. 71,833. 71,833. 0. 0. 25 Total functional expenses Add lines 1 through 24t Joint costs. Check here ▶ SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

PE	ırı X.	Balance Sheet					
	•				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			71,924.	1	63,622.
	2	Savings and temporary cash investments	130,655.	2	107,140.		
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directo and highest compensated employees. Complete Part	stees, key employees, chedule L		5		
	6	Receivables from other disqualified persons (as defin persons described in section 4958(c)(3)(B), and contisponsoring organizations of section 501(c)(9) voluntal organizations (see instructions)	der section 4958(f)(1)), g employers and bloyees' beneficiary		6		
Š	7	Notes and loans receivable, net			7		
A S S E T S	8	Inventories for sale or use				8	
S	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10 a	568,750.			
	b	Less, accumulated depreciation	10b	136,245.	435,839.	10 c	432,505.
	11	Investments – publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11			13		
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equal line	34)		638,418.	16	603,267.
	17	Accounts payable and accrued expenses			17		
	18	Grants payable			18		
	19	Deferred revenue				19	
Ļ	20	Tax-exempt bond liabilities				20	
A B I	21	Escrow or custodial account liability Complete Part	IV of S	chedule D		21	
L	22	Payables to current and former officers, directors, truinghest compensated employees, and disqualified pe	istees, rsons	key employees, Complete Part II		33	
E S	22	of Schedule L	hird na	urti o c	63,930.	22	
5	23	Secured mortgages and notes payable to unrelated the			03,930.	24	
	24	Unsecured notes and loans payable to unrelated third	ı partit	:5		25	
	26	Other liabilities Complete Part X of Schedule D  Total liabilities. Add lines 17 through 25			63,930.	26	0.
	20	Organizations that follow SFAS 117, check here	X aı	nd complete lines	33, 530.	20	
N T		27 through 29 and lines 33 and 34.	٠٠٠) ۵۰	ia complete inics			
Ą	27	Unrestricted net assets			574,488.	27	603,267.
ANNET-S	28	Temporarily restricted net assets			0,1,500	28	300/201
ţ	29	Permanently restricted net assets				29	
Q R		Organizations that do not follow SFAS 117, check he	ere►	and complete		Æ.	
		lines 30 through 34.					
FUZD	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building, or equipr	nent fu	ınd		31	
ĩ	32	Retained earnings, endowment, accumulated income	, or oth	ner funds.		32	
BALAZOES	33	Total net assets or fund balances.			574,488.	33	603,267.
\$	34	Total liabilities and net assets/fund balances			638,418.	34	603,267.

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Form 990 (2010)

	82-0214625		Pa	age <b>12</b>			
Part XI. Reconciliation of Net Assets							
Check if Schedule O contains a response to any question in this Part XI							
•	1 - 1	_					
1 Total revenue (must equal Part VIII, column (A), line 12)	1			333.			
2 Total expenses (must equal Part IX, column (A), line 25)							
3 Revenue less expenses Subtract line 2 from line 1	3		28,779.				
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5	74,4	188.			
5 Other changes in net assets or fund balances (explain in Schedule O)	5			<u>0.</u>			
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6							
Part XII Financial Statements and Reporting							
Check if Schedule O contains a response to any question in this Part XII							
			Yes	No			
1 Accounting method used to prepare the Form 990. X Cash Accrual Other							
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O							
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
<b>b</b> Were the organization's financial statements audited by an independent accountant?		2b		X			
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	it of the audit,	2 c					
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		,					
<b>d</b> If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were separate basis, consolidated basis, or both:	s issued on a						
Separate basis Consolidated basis Both consolidated and separate basis							
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	n the Single	3a		X			
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	e required audit	3b					
BAA		Form	990 (	(2010)			

TEEA0112L 12/21/10

#### SCHEDULE C (Form 990 or 990-EZ)

#### Political Campaign and Lobbying Activities

OMB No 1545 0047 2010

Inspection

Open to Public

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ.► See separate instructions.

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C

• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B

Section 527 organizations Complete Part I-A only

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B. Do not complete

	•	,' to Form 990, Part IV, line 5 (Proxy Tax) or rganizations: Complete Part III	or Form 990-EZ, Part	V, line 35a (Proxy Tax),	then
	of organization	rganizations. Complete r art m		Employer (dentifica	ation number
	A COUNTY FARM BUREA	T1		82-021462	
		rganization is exempt under section	on 501(c) or is a		
1		organization's direct and indirect political of			
2	Political expenditures	organization s an out and man out pointion t	ampaign don mos m	<b>▶</b> \$	
_	Volunteer hours			*	
		rganization is exempt under section	on 501(c)(3).	<del></del>	<u> </u>
J.		ise tax incurred by the organization under		<b>▶</b> \$	
2		ise tax incurred by organization managers		<b>▶</b> \$	
3		a section 4955 tax, did it file Form 4720 for		•	Yes No
_	a Was a correction made?	a socion 4500 tax, ala it illo i simi il 20 isi	imo your		Yes No
	b If 'Yes,' describe in Part IV.				
		rganization is exempt under section	on 501(c), excep	t section 501(c)(3).	· · · · · · · · · · · · · · · · · · ·
		pended by the filing organization for section			
	·				
2	function activities	g organization's funds contributed to other	organizations for sec	≥ \$	
3	Total exempt function expen line 17b	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	<b>►</b> \$	
4		eForm 1120-POL for this year?			Yes X No
5	organization made payments amount of political contributi	and employer identification number (EIN) s. For each organization listed, enter the all ons received that were promptly and direc al action committee (PAC). If additional spa	mount paid from the t tly delivered to a sepa	filing organization's fund arate political organizat	ds. Also enter the ion, such as a separate
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
<i>(6)</i>					

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010	ADA COUNTY	FARM BUREAU		82-021	4625 Page 2
Part ॥-A Complete if section 501(	the organization	on is exempt under se	ection 501(c)(3) and	d filed Form 5768 (e	ection under
		ongs to an affiliated group			
· <del>-</del>		ecked box A and 'limited co			
	Limits on Lobb	ying Expenditures eans amounts paid or incu		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditu	ires to influence o	ublic opinion (grass roots I	oppvina)		
, ,	-	legislative body (direct lob			
c Total lobbying expenditu			~)···a/		
<b>d</b> Other exempt purpose e		<b>/</b>			
e Total exempt purpose e	•	ines 1c and 1d)			
		mount from the following ta	able in		
If the amount on line 1e, col	umn (a) or (b) is				
Not over \$500,000	<u> </u>	amount is			
Over \$500,000 but not over \$1,	.000.000	20% of the amount on line 1e \$100,000 plus 15% of the exces	s over \$500,000		
Over \$1,000,000 but not over \$	<del></del>	\$175,000 plus 10% of the exces	· · · · · · · · · · · · · · · · · · ·		
Over \$1,500,000 but not over \$		\$225,000 plus 5% of the excess			
Over \$17,000,000					
g Grassroots nontaxable a	amount (enter 25%				
h Subtract line 1g from lin					
i Subtract line 1f from lin					
J If there is an amount of section 4911 tax for this	her than zero on e s vear?	either line 1h or line 1i, did	the organization file Fo	rm 4720 reporting	Yes No
		4-Year Averaging Period that made a section 501(h) nns below. See the instruc	Under Section 501(h) election do not have to tions for lines 2a throu	o complete all of the five igh 2f.)	
	Lol	bying Expenditures Durin	ig 4-Year Averaging Pe	riod	
Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	( <b>d)</b> 2010	(e) Total
<b>2a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					

f Grassroots lobbying expenditures

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Schedule **C** (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010 ADA COUNTY FARM BUREAU	82	-021 <u>4</u> 0	625 Page <b>3</b>
Partuil Complete if the organization is exempt under section 501(c)(3) and has (election under section 501(h)).	as NOT file	d Form	5768
•	(	a)	(b)
	Yes	No	Amount
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referenduthrough the use of:	ım,		<b>`</b> .
a Volunteers?			
<ul><li>b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</li><li>c Media advertisements?</li></ul>			
<b>d</b> Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			<del></del>
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If 'Yes,' describe in Part IV			
j Total. Add lines 1c through 1i		_	
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If 'Yes,' enter the amount of any tax incurred under section 4912		_	
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Complete if the organization is exempt under section 501(c)(4), section section 501(c)(6).	on 501(c)(5)	, or	
			Yes No
1 Were substantially all (90% or more) dues received nondeductible by members?			1 X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2 X
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?			3 X
Complete if the organization is exempt under section 501(c)(4), section section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered 'No' Ol	on 501(c)(5)	, or A line	3
is answered 'Yes.'	it ii i ait iii-	A, IIIIC	
Dues, assessments and similar amounts from members		1	
2 Section 162(e) nondeductible lobbying and political expenditure (do not include amounts of pol expenses for which the section 527(f) tax was paid).	itical		
a Current year		2 a	
<b>b</b> Carryover from last year		2 b	
c Total		2 c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due	es	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying a expenditure next year?	and political	4	0.
5 Taxable amount of lobbying and political expenditures (see instructions)		5	0.
Part W Supplemental Information			<u></u>
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, li	ine 5, and Par	t II-B, lın	e 1ı
Also, complete this part for any additional information.			
		<del>-</del>	

Schedule C (Form 990 or 990-EZ)2010 ADA COUNTY FARM BUREAU	82-0214625	Page <b>4</b>
Schedule C (Form 990 or 990-EZ)2010 ADA COUNTY FARM BUREAU  [Park [V]. Supplemental Information (continued)	· · · · · · · · · · · · · · · · · · ·	
		<del>-</del>
		<del>-</del>
		~

#### SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,

OMB No 1545 0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions.

82-0214625 ADA COUNTY FARM BUREAU Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. the organization answered 'Yes' to Form 990, Part IV. line 6. (b) Funds and other accounts (a) Donor advised funds 1 Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised No funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a a Total number of conservation easements 2b **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic 2d structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items ▶\$ a Revenues included in Form 990, Part VIII, line 1 ►Ś b Assets included in Form 990, Part X

•						
Schedule D (Form 990) 2010 ADA C	COUNTY FARM B	UREAU		82-021	4625	Page 2
Pant III。 Organizations Maintai	ning Collections	of Art, Historic	al Treasures, or C	Other Similar Ass	ets (cont	inued)
3 Using the organization's acquisiti items (check all that apply).	on, accession, and o	ther records, check	any of the following th	nat are a significant u	se of its coll	ection
a Public exhibition		d Loan or ex	change programs			
<b>b</b> Scholarly research		e Other				
c Preservation for future gener	ations					
4 Provide a description of the organ Part XIV		and explain how the	ey further the organiza	ation's exempt purpos	e in	
5 During the year, did the organiza assets to be sold to raise funds r	tion solicit or receive ather than to be mai	donations of art, his	storical treasures, or o e organization's collec	other similar ction?	Yes	No
Part IV Escrow and Custodia 9, or reported an amount	Arrangements. unt on Form 990,	Complete if org, Part X, line 21.	anization answere	ed 'Yes' to Form 9	90, Part I	V, line
1a Is the organization an agent, trus included on Form 990, Part X?				assets not	Yes	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV and com	plete the following t	able.	<del></del>		
					Amount	
<b>c</b> Beginning balance				1 c		
<b>d</b> Additions during the year				1 d		
<ul> <li>Distributions during the year</li> </ul>				1 e		
f Ending balance				1f		
2a Did the organization include an a	mount on Form 990,	Part X, line 21?			Yes	No
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIV				<u> </u>	
Part V Endowment Funds. Co	mplete if the org	janization answe	red 'Yes' to Form	990, Part IV, line	10.	
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four ye	ears back
1a Beginning of year balance						
<b>b</b> Contributions						
c Net investment earnings, gains, and losses						
d Grants or scholarships						
e Other expenditures for facilities and programs	-					
f Administrative expenses						
<b>g</b> End of year balance						
2 Provide the estimated percentage	of the year end bal	ance held as:		· <u></u>		
a Board designated or quasi-endow	•	%				
<b>b</b> Permanent endowment ►	<u> </u>					
c Term endowment ►	%					

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations(ii) related organizations

Yes No
3a(1)
3a(11)
3b

**b** If 'Yes' to 3a(II), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses Part VI Land, Buildings, and Equip				
Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		88,133.		88,133.
<b>b</b> Buildings		440,474.	114,275.	326,199.
c Leasehold improvements		10,310.	863.	9,447.
<b>d</b> Equipment		_		
e Other		29,833.	21,107.	8,726.
Total. Add lines 1a through 1e (Column (d) m	ust equal Form 990, Part X, co	olumn (B), line 10(c) )	▶	432,505.

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Schedule **D** (Form 990) 2010

Schedule D (Form 990) 2010 ADA COUNTY FARM BUREAU

82-0214625

Page 3

Schedule D (Form 990) 2010 ADA COUNTY FARM BUREAU		82-0214625	Page 4
Part XI. Reconciliation of Change in Net Assets from Form 990 to Audited	Financial Statements	N/A	
1 Total revenue (Form 990, Part VIII,column (A), line 12)			
2 Total expenses (Form 990, Part IX, column (A), line 25)			
3 Excess or (deficit) for the year Subtract line 2 from line 1			
4 Net unrealized gains (losses) on investments			
5 Donated services and use of facilities			
6 Investment expenses.			
7 Prior period adjustments			
8 Other (Describe in Part XIV)			
9 Total adjustments (net) Add lines 4 through 8			
10 Excess or (deficit) for the year per audited financial statements. Combine	lines 3 and 9		
Part XII Reconciliation of Revenue per Audited Financial State	ements With Revenue	per Return N/A	
1 Total revenue, gains, and other support per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		1. 1	
a Net unrealized gains on investments.	2a		
<b>b</b> Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c	,	
d Other (Describe in Part XIV)	2d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line1:			
a Investments expenses not included on Form 990, Part VIII, line 7b	4a		
<b>b</b> Other (Describe in Part XIV )	4b		
c Add lines 4a and 4b		4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
Part XIII   Reconciliation of Expenses per Audited Financial Stater	nents With Expenses p	oer Return N/A	
1 Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1		
a Donated services and use of facilities	2 a		
<b>b</b> Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIV)	2d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1	1 1	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line1:	4.		
a Investments expenses not included on Form 990, Part VIII, line 7b	4a 4b		
b Other (Describe in Part XIV) c Add lines <b>4a</b> and <b>4b</b>	75	4c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, Iin	ne 18)	5	
Part XIV Supplemental Information	<del></del>		
Complete this part to provide the descriptions required for Part II, lines 3, 5, an Part V, line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part any additional information	d 9; Part III, lines 1a and 4 XIII, lines 2d and 4b. Also	; Part IV, lines 1b and 2b; complete this part to provide	
			<del>-</del>

TEEA3304L 02/11/11

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Schedule **D** (Form 990) 2010

Schedule D (Form 990) 2010 ADA COUNTY FARM BUREAU	82-0214625	Page 5
Schedule D (Form 990) 2010 ADA COUNTY FARM BUREAU  Park XIV Supplemental Information (continued)		
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# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047 2010

Open to Publication

Employer identification number 82-0214625 Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990. Part I. General Information on Grants and Assistance ADA COUNTY FARM BUREAU Name of the organization

<b>%</b> ⊠		l	<u>×</u>	of grant tance									
☐ Yes X No	es' to	\$5,000.		(h) Purpose of grant or assistance									
če, and	ation answered 'Y	served more than		(g) Description of non cash assistance									
ne grants or assistant	ete if the organiza	one recipient rec		(f) Method of valuation (book, FMV, appraisal, other)									
antees eligibility for tr States	ed States. Comple	heck this box if no		(e) Amount of non-cash assistance									-
it of the grants of assistance, the grantees, eligibility for the grants of assistance, and ne use of grant funds in the United States	nd Organizations in the United States. Complete if the organization answered 'Yes' to	ore than \$5,000. C		(d) Amount of cash grant									
ie amount of the graince? Ice? Intoring the use of gr		t that received m	e is needed	(c) IRC section if applicable									_
ds to substantiate the grants or assistar sprocedures for mor	nce to Governm	for any recipient	f additional spac	(b) EIN									
<ul> <li>Does the organization maintain records to substantiate the amounthe selection criteria used to award the grants or assistance?</li> <li>Describe in Part IV the organization's procedures for monitoring the context of the context o</li></ul>	Partill Grants and Other Assistance to Governments a	Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.	Part II can be duplicated if additional space is needed	1 (a) Name and address of organization or government	(1)	(2)	(3)	(4)	( <u>5</u> )		<i>ω</i>		

Schedule I (Form 990) 2010

TEEA3901L 10/29/10

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

3 Enter total number of other organizations

2 Enter total number of section 501(c)(3) and government organizations

Page 2 Schedule I (Form 990) 2010 ADA COUNTY FARM BUREAU

| Part III | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.
| Part III can be duplicated if additional space is needed.

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(4) Type or grant or assistance	recipients	cash grant	non cash assistance	FMV, appraisal, other)	Description of the state of the
1 SCHOLARSHIPS	6	8,500.			
2					
ന					
4					
5					
9					
7					
	olete this part to pr	ovide the informat	ion required in Pa	rt I, line 2, and any oth	provide the information required in Part I, line 2, and any other additional information.
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Schedule I (Form 990) 2010

# SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 2010

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

ADA COUNTY FARM BUREAU	82-0214625
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS	
NO_REVIEW_WAS_OR_WILL_BE_CONDUCTED	·
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AV	AILABLE
NO DOCUMENTS AVAILABLE TO THE PUBLIC.	·
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