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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)

2012

OMB No 1545-1150

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements. , 2012, and ending , 20 A For the 2012 calendar year, or tax year beginning C Name of organization D Employer identification number B Check if applicable. 06-1837129 Farmers Inc Address change Room/suite Name change Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number Initial return 109 203-673-9071 Cherry Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return 1 ford Number ▶ CT 06460 Application pending H Check ► ☐ if the organization is not G Accounting Method: Cash ☐ Accrual Other (specify) ▶ 1 Website: ▶ required to attach Schedule B) ◀ (insert no.) ☐ 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF). J Tax-exempt status (check only one) - 501(c)(3) 501(c) (if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. Rec in Batching Comes Ogden L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 2 2 Program service revenue including government fees and contracts 3 3 Membership dues and assessments 4 4 5a Gross amount from sale of assets other than inventory 5b 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 Gaming and fundraising events 6 Gross income from gaming (attach Schedule G if greater than **b** Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . Less: direct expenses from gaming and fundraising events . . . 6с Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d Gross sales of inventory, less returns and allowances Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . 7c C SCANNED AUG 14 8 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 10 Grants and similar amounts paid (list in Schedule O) 10 11 11 Benefits paid to or for members 12 12 Salaries, other compensation, and employee benefits . . . Professional fees and other payments to independent contractors. 13 13 14 14 15 aS97 15 16 16 Other expenses (describe in Schedule O) Total expenses, Add lines 10 through 16. 17 17 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 100 19 20 20 Other changes in net assets or fund balances (explain in Schedule O) . 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21

For Paperwork Reduction Act Notice, see the separate instructions.

NE

Cat. No. 106421

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Form 990-EZ (2012)

Form	990-EZ (2	<u> </u>						Page
Pa	rt II	Balance Sheets (see		•				
_		Check if the organizat	ion used Schedule	O to respond to a	ny question in this	Part II	1	(B) End of year
22	Cash	n, savings, and investme	ents			(A) Deginning or year	22	(b) Life of year
23		l and buildings					23	
24		r assets (describe in Sc					24	
25	Tota	l assets					25	1844
26		I liabilities (describe in					26	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
27		assets or fund balance		<u> </u>			27	1,844
Par	t III	Statement of Progra		- •		•		Expenses
\A/ba	t in the	Check if the organizat organization's primary e		O to respond to a	ny question in this	Part III		uired for section
								c)(3) and 501(c)(4) nizations and sectior
as n	neasure	e organization's progra d by expenses. In a c nefited, and other releva	lear and concise m	anner, describe th	of its three largest per services provided	orogram services, d, the number of	4947	(a)(1) trusts; optiona thers)
28								
						•••••		
	(C		\ [6 4b.;	la al cala a faculta a		······		7776
29	(Grants	s\$ 77,690) If this amount	includes foreign gra	ants, check here .	· · · > 🛂	28a	17,69
25						••••••		Ì
								i
	(Grants	 s \$) If this amount	includes foreign gra	ants, check here .	▶ □	29a	
30	·	<u> </u>		<u> </u>	,			
							ŀ	
•	(Grants				ants, check here .		30a	
31		orogram services (descr						
32	(Grants	s ড program service exper) If this amount	includes foreign gra	ants, check here .	··· • • • • • • • • • • • • • • • • • •	31a	1
Par		List of Officers, Director						ions for Part IV
		Check if the organizat					311401	
				(b) Average	(c) Reportable	(d) Health benefits,		
		(a) Name and title		hours per week	compensation (Forms W-2/1099-MISC	contributions to employ benefit plans, and		Estimated amount o ther compensation
				devoted to position	(if not paid, enter -0-)			
<i>,</i>			mil Rnd, CT	President	A . /\			•
<u> 3i</u>	<u>Ch 42</u>	57 ST SV. te 109	06460	8 hrs	N-A		_	
	<u> کرمو</u>	Holler	milfunici					
<u>당</u>	<u> (</u> \& 1	POI St. US TE P17	06760	10 hrs		 	-	
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Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		/
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		/
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		/
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		/
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		V
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	N. S.	the con	
b	Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	STANE !	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			196
39	Section 501(c)(7) organizations. Enter:		77 D. Walio	1
а	Initiation fees and capital contributions included on line 9		號	43.3
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit		10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been	1		
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on		這麼	574 X
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	接続		
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c		37.3	10 m
d	reimbursed by the organization			
е	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		
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
	Located at ► ZIP + 4 ►			- -
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	42h	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	. February	: = :
	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			
	and Financial Accounts.	E PARTIE	1	
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	id Milled	
Ŭ	If "Yes," enter the name of the foreign country: ►			<u> </u>
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		. 1	▶ □
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		E Sign
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
С	Did the organization receive any payments for indoor tanning services during the year?	44c		~
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	MARKET.		学学
	explanation in Schedule O	44d		I
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		r
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	髓	を認	
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-F7 (see instructions)	处于 45b	Caef.	

Form 990-	EZ (2012)						F	Page 4
					_			No
46 E	Did the organization engage, directly or in ocandidates for public office? If "Yes," of	ndirectly, in political o	campaign activities	on behalf	of or in opposi	tion 5555	Ý ALW	
Part V	Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51	s only s must answer que	estions 47–49b ar	nd 52, and	complete th			es
	Check if the organization used Sc	nedule O to respond	to any question i	n this Part	VI	<u>· · ·</u>	Yes	No
	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							NO
48 ls	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E							
ь II 50 С	f "Yes," was the related organization a se Complete this table for the organization's employees) who each received more than	ection 527 organizations five highest comper	on?	other than	officers, direct	. 49b	ees an	
	(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	(d) H contribut benefit p	ealth benefits, tions to employee lans, and deferred mpensation	(e) Estimat	ed amou	unt of
	<u> </u>							
51 C	otal number of other employees paid ov complete this table for the organization 100,000 of compensation from the orga ame and address of each independent contractor pa	s five highest compunization. If there is no	ensated independe			received	 -	thar
			NON	<u> </u>		 , - 		
			-					
		·····	-					
			-	···				-
	otal number of other independent contra	ectors each receiving	Over \$100,000					
52 D	old the organization complete Schedule A conexempt charitable trusts must attach	A? Note: All section 5	601(c)(3) organizatio	ons and 49		► Ye:	 s 🔲 !	No
Under pentrue, correct	alties of penury, I declare that I have examined this oct, and complete. Declaration of preparer (other than	return, including accompar n officer) is based on all info	nying schedules and state ormation of which prepar	ements, and to er has any kn	o the best of my kn owledge.	owledge an	d belief,	rt is
		weshi			9-3	1-13		
Sign Here	Signature of officer Duniel Mane	ck,	Presid	ent	Date			
	Type or print name and title	Preparer's signature		Date		, PTIN		
Paid Prepai	Print/Type preparer's name	. Topaci 3 signature			Check Li self-emplo	IT		

Firm's name ►

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

Use Only

. ▶ ☐ Yes ☐ No

Firm's EIN ▶

Phone no

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name	of the organization	_					1 4	Employer id	lentificatio	n number
_		anda Fo	irmers by	۷				06		77172
Pa		or Public Cha	rity Status (All orga						nstructio	ons.
The			ation because it is: (Fo							
1			hes, or association of			ed in sec	tion 170((b)(1)(A)(i)).	
2			170(b)(1)(A)(ii). (Attac		-					
3			spital service organiza							
4		_	on operated in conjun	ction with	n a hospit	al descri	oed in se	ction 170)(b)(1)(A)	(III). Enter the
5	☐ An organization		the benefit of a colle	ge or un	iversity o	wned or	operated	by a go	vernment	al unit described in
_)(1)(A)(iv). (Com	•	مام خندر ام	الممحاسمين	4:	470/5/4	1\/A\/\		
6 7	An organization	on that normally	nment or government receives a substantia (A)(vi). (Complete Pa	al part of					it or fron	n the general public
8	A community	trust described i	n section 170(b)(1)(A)(vi). (Co	mplete Pa	art II.)				
9	receipts from support from	activities related gross investme	receives: (1) more that d to its exempt funct ent income and unre lifter June 30, 1975. So	ions-su lated bu	bject to o	certain ex xable inc	ceptions	s, and (2) ss section	no more	than 331/3% of its
10	☐ An organization	n organized and	operated exclusively	to test fo	or public :	safety. Se	e sectio	n 509(a)(4).	
11	•	_	nd operated exclusive		•	-				or to carry out the
			olicly supported organ							
	509(a)(3). Che	ck the box that o	describes the type of	supportir	ng organi:	zation and	d comple	te lines 1	1e throug	gh 11h.
	a 🗌 Typel	b 🗌 Type	II c 🗌 Type II	I-Functio	nally inte	grated	d □.	Type III–N	Ion-funct	ionally integrated
е	other than fou	ndation manage	that the organization ers and other than on							
	or section 509				IDO 1		. T	. T	T	
f		ation received a check this box .	a written determination	on irom	the IRS	mat it is	а туре	i, type i	i, or typ	e iii supporting
g		17, 2006, has the	he organization acce	pted any	gift or co	ontributio	n from a	ny of the		
			ndirectly controls, eit							Yes No
	(ii) A family m	ember of a perso	on described in (i) abo	ove?						11g(ii)
			a person described ir							11g(iii)
h	Provide the fo	llowing informati	on about the support	ed organ	ization(s).	_		,		,
(ī)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(v) Did you notify the organization in col. (i) listed in your governing document? (v) Did you notify the organization in col. (i) of your support?			nzation in of your	(vi) Is the organization in col. (i) organized in the U.S.?		
			' "	Yes	No	Yes	No	Yes	No	
(A)	Kyombugo Farmers Association	NA	Funeymprivate Exempt Funeymprivate Exempt	~		/			~	68,990
(B) (Ruhunga ~-ten Project	NA	Fureign?:.vete Exempt	/		V			1	8,700
(C)			,							
(D)										
(E)										
Tota	I	Solita Barrella Color			· 一	海源·哈 河南	The State of the		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	77,690

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Part	Support Schedule for Organization	ations Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and	170(b)(1)(A)(v	<u>, (i)</u>	_
	(Complete only if you checked ti							
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)		
Secti	on A. Public Support							_
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	_
1	Gifts, grants, contributions, and							_
	membership fees received. (Do not	12 600	1505.0	1/2 -		1	20	
	include any "unusual grants.")	23,550	135,709	45,015	94,575	66,887	360.13	<u>.</u> &
2	Tax revenues levied for the			`				_
	organization's benefit and either paid			1			}	
	to or expended on its behalf							_
3	The value of services or facilities							
	furnished by a governmental unit to the						1	
4	organization without charge	33.55	126 - 1		0) 00 =	// FG	261	_
4	Total. Add lines 1 through 3	33,550	139,76	45,015	94,575	66 899	360,138	-
5	The portion of total contributions by			DE-MILE		992		
	each person (other than a					100		
	governmental unit or publicly supported organization) included on			· · · · · · · · · · · · · · · · · · ·		THE CHANGE TO		
	line 1 that exceeds 2% of the amount			建				
	shown on line 11, column (f)					表现 (2) (2) (2)	1	
6	Public support. Subtract line 5 from line 4.	1-52-32-32-31		以表现作为是被	STATE OF STATE OF	75 5 , 1	360.13	<u>_</u> ?
Secti	on B. Total Support				F	•	للمحجون	
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	_
7	Amounts from line 4	23.550	125,764	45,0,5	44,575	66.889	360,139	_
8	Gross income from interest, dividends,							3
	payments received on securities loans,					1	İ	
	rents, royalties and income from similar							
_	sources							_
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	= *							_
10	Other income. Do not include gain or loss from the sale of capital assets						Ì	
	(Explain in Part IV.)							
11	• •	CHAMMETIN	2001年5月1日 1000年1月 1000年10 1000年10 1000年	Programme Till to be a	\$ 1 255 4 7 75 5 4 7 75		360 13	_
12	Gross receipts from related activities, etc			Long Shark Salar and A		12 -	<u> </u>	U
13	First five years. If the Form 990 is for the			d, third, fourth	, or fifth tax ye		on 501(c)(3)	-
	organization, check this box and stop he							
Secti	on C. Computation of Public Suppor	t Percentag	е					_
14	Public support percentage for 2012 (line	6, column (f) di	vided by line 1	1, column (f))		14	100 %	_
15	Public support percentage from 2011 Sch					15	F/A %	,
16a	331/3% support test—2012. If the organi							
L	box and stop here. The organization qua	•		-			_	3
b	331/3% support test—2011. If the organ check this box and stop here. The organ							_
47.	•	•					_	J
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me							
	Part IV how the organization meets the "f							
	organization							٦
b	10%-facts-and-circumstances test — 20						_	-
-	15 is 10% or more, and if the organization							
	Explain in Part IV how the organization m							
	supported organization						. ▶ []
18	Private foundation. If the organization di							
	instructions						🕨 🗀]