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Form **990-EZ****Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2012**Department of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

► 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.

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

**Open to Public Inspection**

|   |  |
|---|--|
| <b>A</b> For the 2012 calendar year, or tax year beginning <u>7/01</u> , 2012, and ending <u>6/30</u> , 2013  |  |
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending   | <b>C</b><br>IDAHO FFA FOUNDATION, INC.<br>3401 W. PINE AVE<br>MERIDIAN, ID 83642 |
| <b>D</b> Employer identification number<br><u>82-0360159</u>  | <b>E</b> Telephone number<br><u>208-861-2467</u>                                 |
| <b>F</b> Group Exemption Number   |  |
| <b>G</b> Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) _____  |  |
| <b>H</b> Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)  |  |
| <b>I</b> Website: <u>N/A</u>  |  |
| <b>J</b> Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527  |  |
| <b>K</b> Check <input type="checkbox"/> 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. |  |
| <b>L</b> 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. <u>\$ 136,218.</u>  |  |

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

|   |           |                 |
|---|-----------|-----------------|
| <b>1</b> Contributions, gifts, grants, and similar amounts received   | <b>1</b>  | <u>90,702.</u>  |
| <b>2</b> Program service revenue including government fees and contracts  | <b>2</b>  |                 |
| <b>3</b> Membership dues and assessments  | <b>3</b>  |                 |
| <b>4</b> Investment income  | <b>4</b>  | <u>4,876.</u>   |
| <b>5a</b> Gross amount from sale of assets other than inventory   | <b>5a</b> |                 |
| <b>b</b> Less: cost or other basis and sales expenses   | <b>5b</b> |                 |
| <b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)  | <b>5c</b> |                 |
| <b>6</b> Gaming and fundraising events  |           |                 |
| <b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)  | <b>6a</b> |                 |
| <b>b</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) | <b>6b</b> | <u>40,640.</u>  |
| <b>c</b> Less: direct expenses from gaming and fundraising events   | <b>6c</b> | <u>13,510.</u>  |
| <b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)   | <b>6d</b> | <u>27,130.</u>  |
| <b>7a</b> Gross sales of inventory, less returns and allowances   | <b>7a</b> |                 |
| <b>b</b> Less: cost of goods sold   | <b>7b</b> |                 |
| <b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)   | <b>7c</b> |                 |
| <b>8</b> Other revenue (describe in Schedule O)   | <b>8</b>  |                 |
| <b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8   | <b>9</b>  | <u>122,708.</u> |
| <b>10</b> Grants and similar amounts paid (list in Schedule O)  | <b>10</b> |                 |
| <b>11</b> Benefits paid to or for members   | <b>11</b> |                 |
| <b>12</b> Salaries, other compensation, and employee benefits   | <b>12</b> | <u>19,000.</u>  |
| <b>13</b> Professional fees and other payments to independent contractors   | <b>13</b> | <u>675.</u>     |
| <b>14</b> Occupancy, rent, utilities, and maintenance   | <b>14</b> |                 |
| <b>15</b> Printing, publications, postage, and shipping   | <b>15</b> | <u>665.</u>     |
| <b>16</b> Other expenses (describe in Schedule O)   | <b>16</b> | <u>84,621.</u>  |
| <b>17 Total expenses.</b> Add lines 10 through 16   | <b>17</b> | <u>104,961.</u> |
| <b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)   | <b>18</b> | <u>17,747.</u>  |
| <b>19</b> 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)  | <b>19</b> | <u>172,586.</u> |
| <b>20</b> Other changes in net assets or fund balances (explain in Schedule O)  | <b>20</b> | <u>2,882.</u>   |
| <b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20   | <b>21</b> | <u>193,215.</u> |

**BAA** For Paperwork Reduction Act Notice, see the separate instructions.Form **990-EZ** (2012)



**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in SEE SCHEDULE O the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☒

|   | Yes  | No |
|---|------|----|
| 33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O  |      | X  |
| 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)   |      | X  |
| 35 a 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)?   |      | X  |
| 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  |      |    |
| c 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  |      | X  |
| 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  |      | X  |
| 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions   | 0.   |    |
| b Did the organization file Form 1120-POL for this year?  |      | X  |
| 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?   |      | X  |
| b If 'Yes,' complete Schedule L, Part II and enter the total amount involved  | N/A  |    |
| 39 Section 501(c)(7) organizations. Enter.  |      |    |
| a Initiation fees and capital contributions included on line 9  | N/A  |    |
| b Gross receipts, included on line 9, for public use of club facilities   | N/A  |    |
| 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911  | 0.   |    |
| 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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I |      | X  |
| c 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   | 0.   |    |
| d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization   | 0.   |    |
| e 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  |      | X  |
| 41 List the states with which a copy of this return is filed  | NONE |    |

42 a The organization's books are in care of LAURA WILDER Telephone no 208-861-2467  
Located at 3401 W. PINE AVE MERIDIAN ID ZIP + 4 83642

|  | Yes | No |
|--|-----|----|
| b 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)?<br>If 'Yes,' enter the name of the foreign country: _____ |     | X  |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  |     |    |
| c At any time during the calendar year, did the organization maintain an office outside of the U.S.?<br>If 'Yes,' enter the name of the foreign country: _____   |     | X  |

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 ☐ N/A

|  | Yes | No |
|--|-----|----|
| 44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  |     | X  |
| 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  |     | X  |
| c Did the organization receive any payments for indoor tanning services during the year?   |     | X  |
| d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?<br>If 'No,' provide an explanation in Schedule O   |     |    |
| 45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?   |     | X  |
| b 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) |     | X  |

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

|    | Yes | No |
|----|-----|----|
| 46 |     | X  |

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II

|     | Yes | No |
|-----|-----|----|
| 47  |     | X  |
| 48  |     | X  |
| 49a |     | X  |
| 49b |     |    |

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

| (a) Name and title of each employee paid more than \$100,000 | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--|--|---|---|--|
| NONE   |  |   |   |  |
|  |  |   |   |  |
|  |  |   |   |  |
|  |  |   |   |  |
|  |  |   |   |  |
|  |  |   |   |  |

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE   |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☒ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

|                        |  |   |                      |   |                       |
|------------------------|--|---|----------------------|---|-----------------------|
| Sign Here              | Signature of officer <u>Laura J. Wilder</u>                                |   | Date <u>11/25/13</u> |   |                       |
|                        | Type or print name and title <u>LAURA WILDER</u> <u>EXECUTIVE DIRECTOR</u> |   |                      |   |                       |
| Paid Preparer Use Only | Print/Type preparer's name   | Preparer's signature <u>Neal D. Stuart</u>                    | Date <u>11/25/13</u> | Check <input type="checkbox"/> if self-employed | PTIN <u>P00292955</u> |
|                        | Firm's name  | <u>RICHTER STUART &amp; TODESCHI, PA</u>                      |                      |   |                       |
|                        | Firm's address   | <u>1161 W. RIVER ST., SUITE 260</u><br><u>BOISE, ID 83702</u> |                      |   |                       |
|                        | Firm's EIN   | <u>82-0475349</u>   |                      |   |                       |
|                        | Phone no <u>(208) 336-7162</u>   |   |                      |   |                       |

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

☒ Yes ☐ No

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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.

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

OMB No 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

IDAHO FFA FOUNDATION, INC.

Employer identification number

82-0360159

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state.
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I      b ☐ Type II      c ☐ Type III — Functionally integrated      d ☐ Type III — Non-functionally integrated
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f ☐ If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s)

|            | Yes | No |
|------------|-----|----|
| 11 g (i)   |     |    |
| 11 g (ii)  |     |    |
| 11 g (iii) |     |    |

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in column (i) listed in your governing document? |    | (v) Did you notify the organization in column (i) of your support? |    | (vi) Is the organization in column (i) organized in the U.S.? |    | (vii) Amount of monetary support |
|------------------------------------|----------|---|---|----|--|----|---|----|----------------------------------|
|                                    |          |   | Yes   | No | Yes  | No | Yes   | No |                                  |
| (A)                                |          |   |   |    |  |    |   |    |                                  |
| (B)                                |          |   |   |    |  |    |   |    |                                  |
| (C)                                |          |   |   |    |  |    |   |    |                                  |
| (D)                                |          |   |   |    |  |    |   |    |                                  |
| (E)                                |          |   |   |    |  |    |   |    |                                  |
| Total                              |          |   |   |    |  |    |   |    |                                  |

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

Schedule A (Form 990 or 990-EZ) 2012

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar 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 include any 'unusual grants'.)  | 31,356.  | 77,981.  | 81,301.  | 92,559.  | 90,702.  | 373,899.  |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |          |          |          |          |          | 0.        |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge   |          |          |          |          |          | 0.        |
| 4 Total. Add lines 1 through 3  | 31,356.  | 77,981.  | 81,301.  | 92,559.  | 90,702.  | 373,899.  |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |          |          |          |          |          | 42,736.   |
| 6 Public support. Subtract line 5 from line 4   |          |          |          |          |          | 331,163.  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4   | 31,356.  | 77,981.  | 81,301.  | 92,559.  | 90,702.  | 373,899.  |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  | 1,644.   | 1,808.   | 2,690.   | 3,060.   | 4,876.   | 14,078.   |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on  |          |          |          |          |          | 0.        |
| 10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)   |          |          |          |          |          | 0.        |
| 11 Total support. Add lines 7 through 10  |          |          |          |          |          | 387,977.  |
| 12 Gross receipts from related activities, etc. (see instructions)  |          |          |          |          | 12       | 0.        |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|   |    |         |
|---|----|---------|
| 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))   | 14 | 85.36 % |
| 15 Public support percentage from 2011 Schedule A, Part II, line 14   | 15 | 89.52 % |
| 16a 33-1/3% support test – 2012. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>  |    |         |
| b 33-1/3% support test – 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>  |    |         |
| 17a 10%-facts-and-circumstances test – 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>    |    |         |
| b 10%-facts-and-circumstances test – 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> |    |         |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>  |    |         |

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal yr beginning in) ▶   | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants'.)   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6)   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal yr beginning in) ▶   | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on   |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)   |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lns 9, 10c, 11, and 12)   |          |          |          |          |          |           |
| <b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> | % |
| <b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15                      | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17                        | <b>18</b> | % |

- 19a 33-1/3% support tests — 2012.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶ ☐
- b 33-1/3% support tests — 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶ ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶ ☐



## Part IV

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

[illegible]

## Supplemental Information Regarding Fundraising or Gaming Activities

**Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**  
**▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2012

**Open to Public Inspection**

Name of the organization

IDAHO FFA FOUNDATION, INC.

Employer identification number

82-0360159

## Part I

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations  
b ☐ Internet and email solicitations  
c ☐ Phone solicitations  
d ☐ In-person solicitations  
e ☐ Solicitation of non-government grants  
f ☐ Solicitation of government grants  
g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes    ☐ No

- b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in column (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
|   |               | Yes  | No |                                   |   |   |
| 1   |               |  |    |                                   |   |   |
| 2   |               |  |    |                                   |   |   |
| 3   |               |  |    |                                   |   |   |
| 4   |               |  |    |                                   |   |   |
| 5   |               |  |    |                                   |   |   |
| 6   |               |  |    |                                   |   |   |
| 7   |               |  |    |                                   |   |   |
| 8   |               |  |    |                                   |   |   |
| 9   |               |  |    |                                   |   |   |
| 10  |               |  |    |                                   |   |   |
| Total   |               |  |    |                                   |   |   |

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                        |   | (a) Event #1                   | (b) Event #2 | (c) Other events       | (d) Total events                    |
|------------------------|---|--------------------------------|--------------|------------------------|-------------------------------------|
|                        |   | TRACTOR RAFFLE<br>(event type) | (event type) | NONE<br>(total number) | (add column (a) through column (c)) |
| <b>REVENUE</b>         | 1 Gross receipts  | 40,640.                        |              |                        | 40,640.                             |
|                        | 2 Less Charitable contributions                               |                                |              |                        |                                     |
|                        | 3 Gross income (line 1 minus line 2)                          | 40,640.                        |              |                        | 40,640.                             |
| <b>DIRECT EXPENSES</b> | 4 Cash prizes   |                                |              |                        |                                     |
|                        | 5 Noncash prizes  |                                |              |                        |                                     |
|                        | 6 Rent/facility costs   |                                |              |                        |                                     |
|                        | 7 Food and beverages  |                                |              |                        |                                     |
|                        | 8 Entertainment   |                                |              |                        |                                     |
|                        | 9 Other direct expenses                                       | 13,510.                        |              |                        | 13,510.                             |
|                        | 10 Direct expense summary Add lines 4 through 9 in column (d) |                                |              |                        | 13,510.                             |
|                        | 11 Net income summary Combine line 3, column (d), and line 10 |                                |              |                        | 27,130.                             |

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                        |  | (a) Bingo         | (b) Pull tabs/Instant<br>bingo/progressive<br>bingo | (c) Other gaming  | (d) Total gaming<br>(add column (a) through column (c)) |
|------------------------|--|-------------------|---|-------------------|---|
|                        |  |                   |   |                   |   |
| <b>REVENUE</b>         | 1 Gross revenue  |                   |   |                   |   |
|                        |  |                   |   |                   |   |
| <b>DIRECT EXPENSES</b> | 2 Cash prizes  |                   |   |                   |   |
|                        | 3 Non-cash prizes  |                   |   |                   |   |
|                        | 4 Rent/facility costs  |                   |   |                   |   |
|                        | 5 Other direct expenses  |                   |   |                   |   |
|                        | 6 Volunteer labor  | Yes _____ %<br>No | Yes _____ %<br>No                                   | Yes _____ %<br>No |   |
|                        | 7 Direct expense summary Add lines 2 through 5 in column (d)       |                   |   |                   |   |
|                        | 8 Net gaming income summary Combine lines 1, column (d) and line 7 |                   |   |                   |   |

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states?

☐ Yes ☐ No

b If 'No,' explain \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☐ No

b If 'Yes,' explain \_\_\_\_\_



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

IDAHO FFA FOUNDATION, INC.

Employer identification number

82-0360159

**FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

PROVIDE FINANCIAL SUPPORT TO THE EDUCATIONAL ACTIVITIES OF MEMBERS AND CHAPTERS OF  
THE IDAHO FFA ASSOCIATION

**FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

COLLEGE SCHOLARSHIPS - THE IDAHO FFA FOUNDATION AWARDED 28 COLLEGE SCHOLARSHIPS TO  
SENIOR IDAHO FFA MEMBERS FROM AROUND THE STATE IN 2013. THERE WERE 23 \$1,000 AND 2  
\$500 SCHOLARSHIPS PRESENTED THROUGH THE TRACTOR RAFFLE SCHOLARSHIP PROGRAM, AS  
WELL AS 3 \$2,000 SCHOLARSHIPS AWARDED THROUGH THE J.A. WEDUM FOUNDATION IDAHO FFA  
SCHOLARSHIP PROGRAM.

**FORM 990-EZ, PART III, LINE 29 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

STATE FFA OFFICER TEAM - IDAHO FFA IS LED BY A 6-MEMBER STUDENT STATE OFFICER  
TEAM. THESE SIX INDIVIDUALS LEAD THE MEETINGS AND ACTIVITIES OF THE 4,222 MEMBER  
IDAHO FFA ASSOCIATION, AND VISIT AND PROVIDE WORKSHOPS FOR THE 87 FFA CHAPTERS  
AROUND THE STATE, AS WELL AS TRAVEL IN IDAHO AND TO SEVERAL NATIONAL MEETINGS TO  
REPRESENT IDAHO FFA WITHIN THE FFA ORGANIZATION AND WITH AGRICULTURAL BUSINESSES  
AND INDUSTRY ORGANIZATIONS. THE IDAHO FFA FOUNDATION PROVIDES FUNDING TOWARD STATE  
OFFICER TRAINING, MATERIALS, APPAREL, AND TRAVEL EXPENSES FOR OFFICIAL FFA  
BUSINESS AND INDUSTRY VISITS. THE ENTIRE IDAHO FFA MEMBERSHIP IS SERVED REACHED  
THROUGH THE LEADERSHIP OF THE STATE FFA OFFICER TEAM.

**FORM 990-EZ, PART III, LINE 30 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

STATE FFA LEADERSHIP CONFERENCE AND CAREER DEVELOPMENT EVENTS - THE ANNUAL STATE  
FFA LEADERSHIP CONFERENCE IS IDAHO'S PREMIER LEADERSHIP EVENT FOR FFA. SLC IS FOUR  
DAYS OF LEADERSHIP WORKSHOPS, CAREER DEVELOPMENT EVENTS, MOTIVATIONAL SPEECHES,  
AND AWARDS FOR FFA MEMBERS IN IDAHO. ATTENDANCE AT THE CONFERENCE TOPS 1,500 EACH  
YEAR WITH FFA MEMBERS FROM AROUND THE STATE PARTICIPATING. PARTIAL FINANCIAL  
SUPPORT IS ALSO PROVIDED TO STATE CAREER DEVELOPMENT WINNERS REPRESENTING IDAHO AT

Name of the organization

IDAHO FFA FOUNDATION, INC.

Employer identification number

82-0360159

**FORM 990-EZ, PART III, LINE 30 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

THE NATIONAL FFA CONVENTION.

**FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR

INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR

INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO



# Idaho FFA Foundation, Inc.

3401 West Pine Avenue, Meridian, Idaho 83642 • phone: 208-861-2467  
email: [lwilder@idffaoundation.org](mailto:lwilder@idffaoundation.org) • website: [www.idffaoundation.org](http://www.idffaoundation.org)

Updated August 2012

## 2012-13 Board of Trustees

### Executive Committee

Chairman: Kevin Barker  
At-Large Trustee: Milt Osgood  
At Large Trustee: Cody Park  
State FFA Advisor: Ben Meyer

Vice Chairman: Kevin Wells  
At-Large Trustee: Brian Wolf  
At-Large Trustee: Allison Touchstone  
Executive Director: Laura Wilder (ex officio)

### State FFA Advisor

Ben Meyer  
PO Box 83720  
Boise, ID 83720-0095  
Wk: 208-334-3216  
Cell: 208-696-1213  
Fax: 208-334-2365  
[bmeyer@pte.idaho.gov](mailto:bmeyer@pte.idaho.gov)

Cell: 208-310-6919  
[jmorrow@sd282.org](mailto:jmorrow@sd282.org)

### North Magic Valley District Director

Holly Church  
Wendell High School  
750 East Main Street  
Wendell ID 83355-5384  
Wk: 208-536-2100  
[hollychu@msn.com](mailto:hollychu@msn.com)

Home: 208-466-9809  
Work Cell: 208-870-9130  
Wk: 208-278-3602  
[chuckradloff@hotmail.com](mailto:chuckradloff@hotmail.com)

### Business and/or Industry Representatives

Rob Frye, VP / Branch Manager  
D L. Evans Bank  
1536 Caldwell Blvd.  
Nampa, ID 83651  
Wk: 208-442-1011  
Cell: 208-739-1708  
[rfrye@dleavans.com](mailto:rfrye@dleavans.com)

### University of Idaho Ag & Extension Education

Allison J.L. Touchstone  
U of I Ag Education & 4-H Youth Development  
322 East Front Street, Suite 440  
Boise, ID 83702  
Wk: 208-364-4543  
Cell: 208-283-4748  
[atouchstone@uidaho.edu](mailto:atouchstone@uidaho.edu)

### North Upper Snake River District Director

Jason Bair  
Madison High School  
2300 Univeristy Blvd.  
Rexburg, ID 83440  
Wk: 208-359-3305  
[bair@msd321.com](mailto:bair@msd321.com)

Sid Freeman \*\*  
Tractor Raffle Chairman  
27406 Farmway Road  
Caldwell, ID 83607  
Home: 208-454-8562  
Cell: 208-941-3581  
[sunnyviewfarms@a.com](mailto:sunnyviewfarms@a.com)

### State FFA Coordinator

Bridgett Barrus  
11203 Hummingbird Drive  
Boise, ID 83709  
Cell: 208-283-9502  
[idahoffacoordinator@gmail.com](mailto:idahoffacoordinator@gmail.com)

### South Magic Valley District Director

Brian Wolf  
Filer High School  
3915 N Wildcat Way  
Filer, ID 83328  
Wk: 208-326-5944 x4302  
Cell: 208-420-4644  
[brian.wolf@filer.k12.id.us](mailto:brian.wolf@filer.k12.id.us)

Milt Osgood  
PO Box 116  
Middleton, ID 83644  
Home: 208-585-2958  
Cell: 208-250-4242  
[osgood@rmci.net](mailto:osgood@rmci.net)

### State FFA Officer Team Representative

Lauren Aubry Glead, State Treasurer  
7295 N. 2600 West  
Preston, ID 83263  
Cell: 208-339-0850  
[idahoffatreasurer@gmail.com](mailto:idahoffatreasurer@gmail.com)

### South Upper Snake River District Director

Cody Park  
Aberdeen High School  
PO Box 610  
Aberdeen, ID 83210  
Wk: 208-589-4148 (cell)  
[parkc@aberndeen58.org](mailto:parkc@aberndeen58.org)

Larry Church  
5450 Elmore Road  
Fruitland, ID 83619  
Home: 208-452-3985  
[lchurch@fmmc.com](mailto:lchurch@fmmc.com)

### Boise Valley District Director

Jack Blattner \*  
Meridian High School  
1900 West Pine Street  
Meridian ID 83642  
Wk: 208-350-4160 x1426  
Cell: 208-859-0111  
[blattner.jack@meridianschools.org](mailto:blattner.jack@meridianschools.org)

### Southeastern Idaho District Director

Kevin Wells (Vice Chairman)  
Bear Lake High School  
330 Boise St.  
Montpelier, ID 83254  
Wk: 208-847-0294  
[kwells@blsd.net](mailto:kwells@blsd.net)

Dave Daniel  
12197 Deer Flat Road  
Nampa, ID 83686  
Home: 208-467-1525  
[dadaniel1525@heritagewifi.com](mailto:dadaniel1525@heritagewifi.com)

### East Magic Valley District Director

Marc Beitia  
American Falls High School  
715 Stevens Avenue  
American Falls, ID 83211  
Wk: 208-226-2531  
Cell: 208-317-1292  
[march@sd381.k12.id.us](mailto:march@sd381.k12.id.us)

### Western Idaho District Director

Kevin Barker (Chairman) \*  
New Plymouth High School  
207 So. Plymouth Ave.  
New Plymouth, ID 83655  
Wk: 208-278-5311  
Cell: 208-739-8363  
[barkerk@npschools.us](mailto:barkerk@npschools.us)

### Executive Director (ex officio)

Laura Wilder \* \*\*  
3401 West Pine Avenue  
Meridian, ID 83642  
Cell: 208-861-2467  
Fax: 208-868-5446  
[lwilder@idffaoundation.org](mailto:lwilder@idffaoundation.org)

### North Idaho District Director

J.R. Morrow  
Genesee High School  
330 W. Ash Street  
Genesee, ID 83832  
Wk: 208-285-1161

### State FFA Alumni

Chuck Radloff, President  
15045 Midway Road  
Nampa, ID 83651

### Other Non-Board Member IFFAF Staff

Gaye Heikkila \*\*  
Tractor Raffle Coordinator  
Cell: 208-241-4139  
[gheikkila@idffaoundation.com](mailto:gheikkila@idffaoundation.com)

\* Regular Checking / Bank Account Signers

\*\* Tractor Raffle Checking / Bank Account Signers

IDAHO FFA FOUNDATION, INC.

82-0360159

**FORM 990-EZ, PART I, LINE 16  
OTHER EXPENSES**

|                           |           |                |
|---------------------------|-----------|----------------|
| ADVERTISING AND PROMOTION | \$        | 8.             |
| BANK FEES                 |           | 567.           |
| BOARD EXPENSE             |           | 283.           |
| COMPUTER/INTERNET         |           | 295.           |
| INSURANCE                 |           | 359.           |
| OFFICE EXPENSES           |           | 492.           |
| SCHOLARSHIPS              |           | 30,000.        |
| SPECIAL PROJECTS          |           | 27,329.        |
| STATE AND LOCAL PROGRAMS  |           | 24,327.        |
| STORAGE                   |           | 271.           |
| TELEPHONE EXPENSE         |           | 120.           |
| TRAVEL                    |           | 570.           |
| <b>TOTAL</b>              | <b>\$</b> | <b>84,621.</b> |

**FORM 990-EZ, PART I, LINE 20  
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

|  |           |               |
|--|-----------|---------------|
| NET UNREALIZED GAINS AND LOSSES ON INVESTMENTS | \$        | 2,882.        |
| <b>TOTAL</b>                                   | <b>\$</b> | <b>2,882.</b> |

**FORM 990-EZ, PART II, LINE 24  
OTHER ASSETS**

|                     | <u>BEGINNING</u> | <u>ENDING</u>    |
|---------------------|------------------|------------------|
| ACCOUNTS RECEIVABLE | \$ 0.            | \$ 1,857.        |
| <b>TOTAL</b>        | <b>\$ 0.</b>     | <b>\$ 1,857.</b> |