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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)

OMB No 1545-0047

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

						<u> </u>	12					- 2		
Α	For t	he 2012 cale		ear, or tax	year begi	nning $11/($)1	, 2012	, and ending	10/:	31		, 2013	
В	Check	ıf applicable	С	- 							D Employ	er Ident	ification Num	ber
	∐ Ad	ddress change				BUREAU					82-	0214	625	
	∐Na	ame change		D. BOX							E Telepho	ne num	ber	
	∐In	itial return	MEE	KIDIAN,	TD 836	580-0210					208	-8 <u>8</u> 8	-1821	
	Те	erminated												
	Ar	mended return	L								G Gross r	eceipts	\$	123,130.
	A	oplication pending	g F N	lame and add	ress of princip	al officer DO	N SONKE		H	(a) Is this	a group retur	n for aff		Yes X No
_			SAN	ME AS C	ABOVE				н	(b) Are all	affiliates incl attach a list	uded?	tructions)	Yes No
Ī	Tax-	exempt status	5	01(c)(3)	X 501(c) (5)◀ (11	nsert no)	1947(a)(1) or	527	11 140,	attacii a iist	(300 1113	in actions)	
J	We	bsite: ► N	/A						H	(c) Group	exemption nu	ımber 🏲	•	
K	Form	n of organization	X	Corporation	Trust	Association	Other ►	TL	Year of Formation	1948	8 M s	State of I	egal domicile	ID
Pa	irt l	Summa	ry											
	1	Briefly desci	ribe th	e organiza	tion's miss	sion or most	significant acti	vities. P	ROMOTION	OF A	GRICUL	TURE	,	-
a								- .						
Governance														
Ë	ĺ			- 				=				·		
ŏ		Check this b					ed its operatio			than 2	5 %-of-it s		sets	
	3						Part VI, line 1a erning body (P		160	156)	3 4		<u>17</u>
es	5						ear 2012 (Part				122	5		$\frac{17}{0}$
Ξ	6	Total number					on zorz (r art	* 8 f	JAN 27	2014	10	6		17
Activities &	7a				•	• •	lumn (C), line	12 _		- 0 17	S	7 a		23,566.
							90-T, line 34	1 1	Janes	1 5	751	7 b		0.
<u>ಗ</u>	l			-			· <u>-</u>	<u> </u>		, UP	rior Year		Curre	nt Year
SCANNED	8	Contribution	s and	grants (Pa	art VIII, line	e 1h)								
S P	9	Program sei									80,0	180.		85,571.
<u>T</u> ş	10	Investment	incom	e (Part VII	I, column ((A), lines 3, 4	, and 7d)				1,1			1,259.
	11	Other reven	ue (Pa	art VIII, col	lumn (A), I	ines 5, 6d, 8d	c, 9c, 10c, and	11e)			23,3	314.		23,566.
FE	12	Total revenu	ле <u>—</u> а	idd lines 8	through 1	l (must equal	Part VIII, colu	umn (A), I	ine 12)		104,5	28.		110,396.
χ,'	13	Grants and	sımıla	r amounts	paid (Part	IX, column (A), lines 1-3)				53,€	16.		29,397.
9	14	Benefits pai	d to o	r for memb	oers (Part	IX, column (A	(A), line 4)							
, רכ	15	Salaries, oth	her co	mpensatio	n, employe	ee benefits (F	art IX, column	(A), lines	s 5-10).		1,8	300.		4,485.
Z š	16a	Professiona	l fundi	raising fee:	s (Part IX,	column (A),	line 11e)							
Expenses	ь	Total fundra	iising e	expenses ((Part IX, co	olumn (D), lın	e 25) ►			ديقها وترفيان	一致を変える		心的激	光线形 体 **
ũ	17		_	•	•	ines 11a-11d					44,2	20	<u></u> -	82,437.
							K, column (A),	line 25)			99,6			116,319.
						18 from line		. =-,				92.	 -	-5,923.
8 8	-									Beginnir	ng of Currer		End	of Year
Net Assets o	20	Total assets	(Part	X, line 16).						608,1			602,236.
id As	21	Total liabiliti	ies (Pa	art X, line	26)							0.		0.
ξž	22	Net assets of	or fund	d balances	Subtract	line 21 from l	ine 20				608,1	59.		602,236.
Pa	L	₹ Signatu					· ·							,
					amined this re	turn, including ac	companying schedu	iles and state	ements, and to the	e best of m	y knowledae	and bel	ief, it is true.	correct, and
com	plete D	eclaration of pres	Sarer (ot	her than office	er) is based or	all fromation o	companying schedu f which preparer ha	s any knowle	edge					
			La series	and a	Lan.	Me					1-2	2-6	014	
Sig	n	Signá	ture of o	ffice						Da	ite			
He	re	DOI	V SO:	NKE						PRES	IDENT			
_		Туре	or print i	name and title										
		Print/Type	prepare	er's name		Preparer's sign	nature		Date		Check	ıf	PTIN	
Pa	id	CAMER	ON F	KELLER,	CPA	CAMERON	KELLER,	CPA	<u> </u>		self-employ	ed	P00701	176
Pre	epare		ne	KELLE	R CPAS									
	e On					IN RD SU	ITE 125				Firm's EIN	<u>2</u> 0	-59419	66_
				MERID		83642-7					Phone no	(20		-9541
May	the l	IRS discuss t	his re				/e? (see instru	ictions)					X Yes	
BA	A For	Paperwork	Reduc	tion Act N	lotice, see	the separate	instructions.		TEEA	0113L 12	/18/12		Fori	m 990 (2012)

	990 (2012) A	82-0	21462	Page 2						
Par		ent of Program Se	•							
				question in this Part III	<u> </u>			<u>.</u>		
1	Briefly describe	the organization's mis	sion.				_			
	PROMOTION	OF AGRICULTURE								
2	Did the organizat	ion undertake any signif	icant program servi	ces during the year whic	h were not listed	on the prior			_	
	Form 990 or 99	0-EZ?						Yes	X	No
	If 'Yes,' describ	e these new services o	n Schedule O							
3	Did the organiza	ation cease conducting	, or make significa	ant changes in how it o	onducts, any pi	rogram services?	П	Yes	X	No
	If 'Yes,' describ	e these changes on So	hedule O				لـــا			
4	Describe the ord	ganization's program s	ervice accomplish	ments for each of its th	nree largest pro	gram services, as i	neasure	ed by e	expen	ses
	Section 501(c)(3)	and 501(c)(4) organiza	tions and section 4	947(a)(1) trusts are requ	ired to report the	amount of grants ar	nd alloca	ations t	o '	
	others, the total	expenses, and revenu	ie, it any, for each	program service repo	rted					
										
4 a	(Code) (Expenses \$		including grants of \$			\$)
	PROMOTION	AND EDUCATION	OF AGRICULT	TURE FOR APPROX	KIMATELY 5	00_MEMBERS				
										·
										· -
										. – – –
	(Code) (Expenses \$		including grants of \$) (Revenue	<u> </u>			
41) (Expenses +		including grants or \$) (Nevenue	~			′
										-
										. – – –
40	: (Code) (Expenses \$	<u> </u>	including grants of \$,) (Revenue	\$)
				,			· —			—
4 0		services. (Describe in S								
	(Expenses \$	S	including grant	s of \$) (Re	venue \$)	
46	Total program :	service expenses >	116	,319.						

Form 990 (2012) 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)? If '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 for which 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, for escrow or custodial account liability; 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 temporarily restricted endowments, permanent endowments, 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, VII, VIII, IX, or X as applicable		-	
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
	b 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	11 b		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, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c	-	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	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
	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)? If 'Yes,' complete Schedule D, Part X	11 f		х
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		Х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13 14a		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	140	-	
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		х
15	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
16	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
17	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		х
18	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		х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b	<u></u>	<u> </u>

Part IV | Checklist of Required Schedules (continued)

	The state of the s	T	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 It	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	х	
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? <i>If 'Yes,' complete Schedule J</i>	23		Х
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
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	ļ
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		
C	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		
Ł	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-EZ? If 'Yes,' complete Schedule L, Part I	25b	ļ 	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
	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)	111		- ;,
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	ļ	X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b	ļ	Х
	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 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	28c		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
30 31	contributions? If 'Yes,' complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	30 31		X
		ان		
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		_X
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 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ŧ	olf 'Yes' to line 35a, 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	35b		
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 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38		х
BAA		Forn	1 990	(2012)

Part V | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes Nο 1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1 a b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1 b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X (gambling) winnings to prize winners? 1 c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 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 to e-file. (see instructions) Ñ 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O SEE SCHEDULE O X 3 b 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 a **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. X 5 a 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b 5 c c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization 6 a Х solicit any contributions that were not tax deductible as charitable contributions? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 b 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 7 a services provided to the payor? 7 b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7 c Form 82827 d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f q If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7 h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business 8 holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9 z b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter 10 a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter. a Gross income from members or shareholders 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11 b 12a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13 a a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand X 14 a 14a Did the organization receive any payments for indoor tanning services during the tax year?

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

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. Check if Schedule O contains a response to any question in this Part VI X Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 17 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 1 b 17 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х officer, director, trustee or key employee? 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 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х 5 $\overline{\mathbf{x}}$ Did the organization become aware during the year of a significant diversion of the organization's assets? X 6 Did the organization have members or stockholders? 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, Х stockholders, or other persons other than the governing body? 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X 8 a a The governing body? \overline{X} b Each committee with authority to act on behalf of the governing body? 8Ь 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 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Х 10 a Did the organization have local chapters, branches, or affiliates? b if 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O X 12 a 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 120 Schedule O how this is done X Did the organization have a written whistleblower policy? 13 $\overline{\mathbf{x}}$ Did the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official 15 a Х 15b X b Other officers of key employees of the organization 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 Χ 16 a taxable entity during the year? b If 'Yes,' did the organization follow 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? 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE 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 Other (explain in Schedule O) Another's website Upon request 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 during the tax year SEE SCHEDULE O State the name, physical address, and telephone number of the person who possesses the books and records of the organization CINDY ROBERTS 1655 SOUTHSIDE MELBA ID 83641 208-888-1821 Form 990 (2012) BAA TEEA0106L 08/08/12

Form 990 (2012)	ADA	COUNTY	FARM	RURFAU

82-0214625

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Rart VII 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

- 1 a 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

			(C)							
(A) Name and Title	(B) Average hours per	one bo	er an	iless i	perso	more to n is bot or/truste	h an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) SANDY STEVENSON	11									
BOARD MEMBER	0	Х						0.	0.	0.
(2) SHANE STEVENSON	_1_									
BOARD MEMBER	0	X						0.	0.	0.
(3) KARA JACKSON	11									
BOARD MEMBER	0	Х	L.					0.	0.	0.
(4) BETH CARTER	1	ļ								
BOARD MEMBER	0	X						0.	0.	0.
(5) DON JOHNSON	1									
BOARD MEMBER	0	X					<u> </u>	0.	0.	0.
(6) GREG_NELSON	11	Į								
BOARD MEMBER	0	X			L		L	0.	0.	0.
7) CURT KRANTZ	1									
DIRECTOR	0	X					<u> </u>	0.	0.	0.
(8) MIKE MCEVOY	11	ļ								
DIRECTOR	0	X		_			<u> </u>	_0.	0.	0.
(9) TRACY WALTON	1_1_			ĺ				1	ı	
DIRECTOR	0	Х					<u> </u>	0.	0.	0.
(10) BILL BACHMAN	11	ļ								
BOARD MEMBER	0	X					<u>L</u>	0.	0.	0.
(11) DAVE HART	11]		ļ			
BOARD MEMBER	0	X						0.	0.	0.
(12) NIEL HERGERT	11	1				,	1			
BOARD MEMBER	0	X						0.	0.	0.
(13) MARY JOHNSON	11	l								
BOARD MEMBER	0	Х			igsqcup			0.	0.	0.
(14) DON SONKE	2									
PRESIDENT	0			Х			<u> </u>	1,800.	0.	0.

Part VII Section A. Officers, Directors, Trus	(B)	ne <u>y</u> ∏	Em	DIO	_	es,	and	nignest Com	iperisated Emp	loyees (cont			
(A) Name and title	Average hours per week	offic	not ch , unles cer and	Posi neck i is per d a di	tion more rson irecto	ıs botl or/trus	n an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	r		
	(list anv	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations			
VICE PRESIDENT	10			х				0.	0.		0.		
(16) CINDY ROBERTS SECRETARY	$-\frac{1}{0}$			х				2,160.	0.		0.		
(17) INA DEBOER SECRETARY	$-\frac{1}{0}$			х				420.	0.		0.		
(18)													
(19)													
(20)													
(21)													
(22)													
(23)		}						_					
(24)													
(25)				Î									
1 b Sub-total	·——						•	4,380.	0.		0.		
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)							<u>-</u>	0. 4,380.	0. 0.		0.		
2 Total number of individuals (including but not limited to from the organization ► 0	o those I	ısted	abov	e) w	/ho i	recen	ved ——	more than \$100,00	0 of reportable comp		· · · ·		
3 Did the organization list any former officer, directe on line 1a? If 'Yes,' complete Schedule J for such	or or trus	stee,	key (emp	oloy	ee, c	or hi	ighest compensate	ed employee	Yes	No X		
For any individual listed on line 1a, is the sum of rethe organization and related organizations greater	enortab	le co	mper 00? /	nsat <i>If 'Y</i>	tion 'es'	and com	oth olet	er compensation e Schedule J for	from				
such individualDid any person listed on line 1a receive or accrue	comper	satio	n fro	m a	any	unre	late	ed organization or	ındıvıdual	4	<u>X</u>		
for services rendered to the organization? If 'Yes,' Section B. Independent Contractors	comple	te So	cneal	iie .	J 10.	rsuc	<u>:n</u> p	erson	 	5	X		
Complete this table for your five highest compensation from the organization. Report compensation.	ated indetendent	epen the c	dent alend	con lar y	ntrac vear	tors endi	tha ng v	it received more the vith or within the or	nan \$100,000 of ganization's tax year	•			
(A) Name and business addre	ss							(B) Description ((C) Compensation			
Total number of independent contractors (including but	t not lım	ited to	o thos	se li	sted	labo	ve)	who received more	than		_		
\$100,000 in compensation from the organization	0	_				_			1	F 000 (2)			

	Check if Schedule O contains a response to any question	on in this Part VIII			
<u>رم</u>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lns 1a-1f. h Total. Add lines 1a-1f	-			
PROGRAM SERVICE REVENUE	Business Code 2 a MEMBERSHIP DUES & ASSESSMENTS b BANQUET INCOME c d e f All other program service revenue g Total. Add lines 2a-2f	85,181. 390. 85,571.	85,181. 390.		
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 5 Less rental expenses 12,734.	1,259.			1,259.
	c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)	23,566.	-	23,566.	
	8 a Gross income from fundraising events (not including \$	-			
	10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue			-	
	e Total. Add lines 11a-11d 12 Total revenue. See instructions	110,396.	85,571.	23,566.	1,259.

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (A) Total expenses (D) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII Program service Management and Fundraising general expenses expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 22,397 22,397 Grants and other assistance to individuals in the United States See Part IV, line 22 7,000 7,000 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 4,485 0 4,485 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. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 10 Payroll taxes Fees for services (non-employees): a Management **b** Legal c Accounting 1,985 1,985 d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees g Other. (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch 0) Advertising and promotion <u>56,617</u> 56,617 13 Office expenses 7.139 7,139 Information technology 15 Royalties Occupancy 16 17 Travel 5,644 5.644 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 2,929 2,929 20 Interest 21 Payments to affiliates Depreciation, depletion, and amortization 74 74 23 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O). a BANQUET 3,662 3,662 b ORGANIZATION DUES 3,100 3,100 c EMPLOYEE AWARDS 850 850 d PRINTING AND PUBLICATIONS 275 275 e All other expenses 162 162 Total functional expenses. Add lines 1 through 24e 116,319 116,319 0 0. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following

SOP 98-2 (ASC 958-720)

Page 11 Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (B) End of year (A) Beginning of year Cash - non-interest-bearing 80,262 85,823. 1 2 2 Savings and temporary cash investments 109,518. 108,268 3 Pledges and grants receivable, net 3 Δ Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 Notes and loans receivable, net 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10 a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10 a 568,750 10b 419,629 10 c b Less: accumulated depreciation 161,855 406,895. 11 Investments - publicly traded securities 11 12 12 Investments - other securities See Part IV, line 11 Investments - program-related See Part IV, line 11 13 13 Intangible assets 14 15 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 608,159 16 602,236 Accounts payable and accrued expenses 17 17 18 18 Grants payable Deferred revenue 19 19 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 0 0. Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete PET lines 27 through 29, and lines 33 and 34. 608,159 27 602,236. 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets P Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. FUZD 30 Capital stock or trust principal, or current funds

BAA

33

34

602,236. Form 990 (2012)

602,236.

31

32

33

34

608,159

608,159

Paid-in or capital surplus, or land, building, or equipment fund

Total net assets or fund balances

Total liabilities and net assets/fund balances

Retained earnings, endowment, accumulated income, or other funds

		<u>82-021462</u>	5	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1:	10,396.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1:	16,319.
3	Revenue less expenses Subtract line 2 from line 1	3		-5,923.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	60	08,159.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	60	02,236.
Pa	t 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			
2 8	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or re separate basis, consolidated basis, or both:	viewed on a		
	Separate basis Consolidated basis Both consolidated and separate basis			\
ı	Were the organization's financial statements audited by an independent accountant?		2 b	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a s basis, consolidated basis, or both	eparate		
	Separate basis Consolidated basis Both consolidated and separate basis			
•	of 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit,	2 c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule ${\sf O}$			
3 :	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Audit Act and OMB Circular A-133?	gle	3 a	Х
İ	of 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require or audits, explain why in Schedule O and describe any steps taken to undergo such audits	d audit	3 b	
BAA	\		Form	990 (2012

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► 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 Part II-A

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

_• 5	Section 501(c)(4)	, (5), or (6) c	organizations: Complete Part III			
Name	of organization				Employer identifica	ation number
	COUNTY FA				82-021462	
Par	t I-A Comple	ete if the o	rganization is exempt under secti	on 501(c) or is a s	section 527 organia	zation.
1	Provide a descr	iption of the	organization's direct and indirect political of	campaign activities in	Part IV.	
2	Political expend	litures			▶ \$	
	Volunteer hours					
Par	t I-B Comple	te if the o	rganization is exempt under secti	on 501(c)(3).		
1	Enter the amou	nt of any exc	cise tax incurred by the organization under	section 4955	▶ \$	
2	Enter the amou	nt of any exc	cise tax incurred by organization managers	under section 4955	▶\$	
3	If the organizati	on incurred a	a section 4955 tax, did it file Form 4720 for	this year?		Yes No
4 a	Was a correctio	n made?				Yes No
Ŀ	If 'Yes,' describe	e in Part IV				
Par	t I-C Comple	te if the o	rganization is exempt under secti	on 501(c), excep	t section 501(c)(3).	
1	Enter the amou	nt directly ex	pended by the filing organization for section	on 527 exempt function	n activities > \$	
2	Enter the amoun	t of the filing	organization's funds contributed to other organ	nizations for section 527	7 exempt	
	function activities		· ·		► \$	
3	Total exempt fu	nction exper	nditures Add lines 1 and 2 Enter here and	on Form 1120-POL,	►s	
4		ganization fil	e Form 1120-POL for this year?		·	Yes X No
5	Enter the name	s, addresses	and employer identification number (EIN) s. For each organization listed, enter the a	of all section 527 pol	itical organizations to w	hich the filing
	amount of politic segregated fund	al contribution or a political	ns received that were promptly and directly de all action committee (PAC). If additional spans	livered to a separate po ace is needed, provide	olitical organization such e information in Part IV	as a separate
		 · .	45.11	(a) FINI	(DA	(a) Amount of polyheal
	(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
					none, enter-o-	delivered to a separate political organization if
						none, enter -0-
(1)						
(2)						
(3)	<u> </u>					
(4)						
						
(5)						
(6)	 -					
101				1	i e	i e

Part II-A Complete if t section 501(the organizatio	n is exempt under se	ction 501(c)(3) and	filed Form 5768 (el	ection under
·		gs to an affiliated group (and	list in Part IV each affilia	ited group member's name	
	-	d share of excess lobbying		- '	
B Check ► I if the filin	ig organization che	cked box A and 'limited co	ntrol' provisions apply		
(The term		ying Expenditures ans amounts paid or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	res to influence pi	ublic opinion (grass roots lo	bbying)		
b Total lobbying expenditu	ires to influence a	legislative body (direct lobb	oying)		
c Total lobbying expenditu	ires (add lines 1a	and 1b)			
d Other exempt purpose e	xpenditures				
e Total exempt purpose ex	xpenditures (add li	nes 1c and 1d)			
f Lobbying nontaxable am both columns	ount. Enter the ar	nount from the following tal	ble in		
If the amount on line 1e, colu	ımn (a) or (b) ıs.	The lobbying nontaxable	amount is		
Not over \$500,000		20% of the amount on line 1e			
Over \$500,000 but not over \$1,	000,000	\$100,000 plus 15% of the excess			
Over \$1,000,000 but not over \$	1,500,000	\$175,000 plus 10% of the excess			
Over \$1,500,000 but not over \$	17,000,000	\$225,000 plus 5% of the excess	over \$1,500,000.		
Over \$17,000,000		\$1,000,000.			
g Grassroots nontaxable a					,
h Subtract line 1g from lin					
i Subtract line 1f from line				<u> </u>	
j If there is an amount othe section 4911 tax for this		r line 1h or line 1i, did the org	ganization file Form 4720	reporting	Yes No
(Som	e organizations th colum	4-Year Averaging Period at made a section 501(h) e ns below. See the instruct	lection do not have to e	complete all of the five h 2f.)	
	Lob	bying Expenditures During	4-Year Averaging Peri	od	
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					
BAA				Schedule C (Form	990 or 990-EZ) 2012

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NO1 (election under section 501(h)).	THEC			-	
		l Fori	n 5768 		
For each West warmen to be a 1-through 1-th to the D-th to the decrease to	(a)	(b)	
For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	Yes	No	Am	ount	
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 referendum, through the use of a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					i
c Media advertisements?					
d 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? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?					
j Total Add lines 1c through 1:					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	<u> </u>			-	- <u>-</u>
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	-	ļ	 		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		!			
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or			
section 501(c)(6).				Yes	T No
1. Ways substantially all (00% as mars) dues recoved conductible by members?			1	165	No X
1 Were substantially all (90% or more) dues received nondeductible by members?			2	Х	 ^ -
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			3	 ^	X
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	(-)(E)			01/->	
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) Fanswered 'Yes.'	Part I	, or s II-A, i	ine 3, is	ui(c)	,
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a Current year		2a			
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) dues		3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political					
expenditure next year?		4			0.
5 Taxable amount of lobbying and political expenditures (see instructions).		5			0.
Part IV Supplemental Information					
Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information	art II-A	(affili	ated group	list),	

Schedule C (Form 990 or 990-EZ) 2012

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2012

Open o Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► See separate instructions. Employer identification number

AD?	A COUNTY FARM BUREAU		82-0214625
	t 🖟 Organizations Maintaining Dono	or Advised Funds or Other Similar Fu	nds or Accounts. Complete if
	the organization answered 'Yes'	to Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and dor are the organization's property, subject to the	nor advisors in writing that the assets held in d organization's exclusive legal control?	lonor advised funds Yes No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writing that grant fund of the donor or donor advisor, or for any othe	ids can be used only r purpose conferring Yes No
Par	t II Conservation Easements. Comp	lete if the organization answered 'Yes	s' to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by	y the organization (check all that apply)	
	Preservation of land for public use (e g , r	ecreation or education) Preservation	of an historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization hast day of the tax year.	neld a qualified conservation contribution in the fo	
			Held at the End of the Tax Year
	Total number of conservation easements		2a
	Total acreage restricted by conservation ease		2 b
•	: Number of conservation easements on a certi	fied historic structure included in (a)	2 c
	Number of conservation easements included i structure listed in the National Register		[2d
3	Number of conservation easements modified, trantax year ▶	nsferred, released, extinguished, or terminated by	the organization during the
4	Number of states where property subject to conse	ervation easement is located >	
5	and enforcement of the conservation easemer		YesNo
6	Staff and volunteer hours devoted to monitoring,	inspecting, and enforcing conservation easements	during the year
7	Amount of expenses incurred in monitoring, insper ▶\$	ecting, and enforcing conservation easements duri	ng the year
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of s	ection 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote conservation easements.	s conservation easements in its revenue and expe to the organization's financial statements that	nse statement, and balance sheet, and describes the organization's accounting for
Par	t III; Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical Treasures, o wered 'Yes' to Form 990, Part IV, line	r Other Similar Assets. 8.
1 a	If the organization elected, as permitted unde art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its final	eld for public exhibition, education, or research in	enue statement and balance sheet works of furtherance of public service, provide,
ŀ	If the organization elected, as permitted unde historical treasures, or other similar assets held fi following amounts relating to these items:	r SFAS 116 (ASC 958), to report in its revenue or public exhibition, education, or research in furth	e statement and balance sheet works of art, lerance of public service, provide the
	(i) Revenues included in Form 990, Part VIII,	, line 1	► \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, hamounts required to be reported under SFAS	nistorical treasures, or other similar assets for fina 116 (ASC 958) relating to these items	ncial gain, provide the following
á	Revenues included in Form 990, Part VIII, line	·	► \$
	Assets included in Form 990, Part X		► \$

•										
Schedule D (Form 990) 2012 ADA C	OUNTY FARM	1 BUREAU		82-021	L4625	Page 2				
Part III Organizations Maintai	ning Collect	ions of Art, Histo	orical Treasures, o	r Other Similar As:	sets (contin	ued)				
3 Using the organization's acquisition, items (check all that apply)	accession, and	other records, check a	any of the following that a	re a significant use of its	collection					
a Public exhibition		d Loan	or exchange programs							
b Scholarly research		e Other								
c Preservation for future genera	ations									
4 Provide a description of the organiza Part XIII	ation's collections	s and explain how they	y further the organization'	s exempt purpose in						
5 During the year, did the organizat to be sold to raise funds rather th	ion solicit or rec	ceive donations of ar	t, historical treasures, o	or other similar assets	Yes	No				
Part IV Escrow and Custodial Arra										
reported an amount or										
1 a Is the organization an agent, trus on Form 990, Part X?	tee, custodian,	or other intermediary	for contributions or oth	ner assets not included	Yes	No				
b If 'Yes,' explain the arrangement	ın Part XIII and	complete the follow	ing table·							
					Amount					
c Beginning balance				1 c	<u> </u>	_				
d Additions during the year				1 d						
e Distributions during the year				1 e						
f Ending balance				1 f						
2a Did the organization include an ai	mount on Form	990, Part X, line 217	,		Yes	No				
b If 'Yes,' explain the arrangement	ın Part XIII Che	eck here if the explai	ntion has been provided	l in Part XIII						
T										
Part V Endowment Funds. Co					ne 10. (e) Four yea					
	(a) Current (b) Prior year (c) Two years (d) Three years									
1 a Beginning of year balance										
b Contributions										
c Net investment earnings, gains, and losses										
d Grants or scholarships										
 Other expenditures for facilities and programs 						 -				
f Administrative expenses										
g End of year balance					<u> </u>					
2 Provide the estimated percentage	of the current	•	ne 1g, column (a)) held	as.						
a Board designated or quasi-endowment	ent 🟲	8								
b Permanent endowment ►	~~~ [%]									
c Temporarily restricted endowmen	t >	%								
The percentages in lines 2a, 2b, a	and 2c should e	qual 100%								
3a Are there endowment funds not in the organization by:	ne possession of	the organization that	are held and administered	d for the	Yes	No				
(i) unrelated organizations					3a(i)					
(ii) related organizations					3a(ii)	T				
b If 'Yes' to 3a(ii), are the related o	rganizations list	ted as required on S	chedule R?		3b					
4 Describe in Part XIII the intended	_									
Part VI Land, Buildings, and I	Equipment. S	See Form 990. P	art X, line 10.	,						
Description of property) Cost or other basis	(b) Cost or other	(c) Accumulated	(d) Book v	/alue				
		(investment)	basis (other)	depreciation						
1 a Land	<u> </u>		88,133.			3,133.				
b Buildings	<u> </u>		440,474.	136,863.	303	3,611.				

Part VI Land, Buildings, and Equip	oment. See Form 990, Pa	rt X, line 10.	`	
Description of property	(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 Buildings		440,474.	136,863.	303,611.
c Leasehold improvements		10,310.	2,227.	8,083.
d Equipment				
e Other		29,833.	22,765.	7,068.
Total. Add lines 1a through 1e (Column (d)	must equal Form 990. Part X. co	olumn (B), line 10(c).)	-	406,895.

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Schedule **D** (Form 990) 2012

<u> </u>	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)	_		
Total, (Column (b) must equal Form 990) Part X column (B) line 15.)	>	

Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2)(3) (4) (5) (6) (7)(8)(9)(10) (11)Total. (Column (b) must equal Form 990, Part X, column (B) line 25)

2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 ADA COUNTY FARM BUREAU	82-0214625 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	
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:	
a Net unrealized gains on investments	
b Donated services and use of facilities 2b	
c Recoveries of prior year grants	7
d Other (Describe in Part XIII)	7.1
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 line 1.	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII) 4b	→
c Add lines 4a and 4b.	4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per 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	7 (Je
į į	
a Donated services and use of facilities 2 a	
b Prior year adjustments . 2b	
c Other losses 2c	i . ⁻
d Other (Describe in Part XIII.)	— ` <u>*</u>
e Add lines 2a through 2d	2 e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII)	<u>ا برا</u>
c Add lines 4a and 4b. F. Total concerns Add lines 3 and 4c. (This must equal Form 900, Bort I, line 18.)	4 c 5
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	
Part XIII Supplemental Information	
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide a	any additional information.
BAA	Schedule D (Form 990) 2012

SCHEDULE I

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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	0
ı	7
ı	

OMB No 1545-0047

Open to Publice

Employer identification number

82-0214625

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ADA COUNTY FARM BUREAU
Part:18 General Information on Grants and Assistance

2 □ X Yes

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Partills Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) KUNA FFA 637 E DEERFLAT							PROMOTE
(2) MEDIDIAN EEA	82-0360159		6,500.	0			AGRICOLTORE
1900 W PINE							PROMOTE
MERIDIAN, ID 83642	82-0360159		7,017.	0.			AGRICULTURE
(3)							
(4)							
(5)							
(A)							
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
(8)							
					•••		
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table) and government or	ganizations listed	n the line 1 table			A	2
3 Enter total number of other organizations listed in the line 1 table	ons listed in the line	1 table				•	0

Schedule I (Form 990) (2012)

TEEA3901L 11/30/12

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

Page 2 Schedule I (Form 990) (2012) 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.

(f) Description of non-cash assistance								to provide the information required in Part I, line 2, Part III, column (b), and any other										. (
(e) Method of valuation (book, FMV, appraisal, other)								rt I, line 2, Part III, col				 		 	 	 		
(d) Amount of non-cash assistance								tion required in Pa		 	, 	 	 	; 	 	 	 	
(c) Amount of cash grant	7,000.							rovide the informat			 	 	 	 	 	 	 	! ! ! ! ! ! !
(b) Number of recipients	6							plete this part to p	 		 		 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 	
(a) Type of grant or assistance	1 SCHOLARSHIPS	2	E	4	2	9	7	Part IV Supplemental Information. Complete this part additional information.				: 		; 		!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!		·

Schedule I (Form 990) (2012)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2012

Open to Public

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

Inspection Name of the organization Employer identification number ADA COUNTY FARM BUREAU 82-0214625 FORM 990, PART V, LINE 3B - REASON FOR NOT FILING FORM 990-T _990-T_NOT_REQUIRED. INCOME IS FROM NON-DEBT FINANCED REAL PROPERTY. 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 AVAILABLE NO DOCUMENTS AVAILABLE TO THE PUBLIC.