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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 private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

B Check dispolation   Address of prompted collection   Address of	A	For th	he 2014 calen	dar year, or tax	year beg	inning 11/	01	, 2014	, and endir	ig 10/	31	,	2015	
Name change   Pol. 1	_		•			<u> </u>		<del></del>						
Name change   Pol. 1			idress change	ADA COUNT	Y FARM	RIIRFAII					82-1	121462	25	
MERIDIAN, ID 83680-0210   Cores receipts \$ 128,673   Cores receipts \$ 128		$\vdash$	-			DOIGLAG								
Trait influst/influentable   Promoted return		$\vdash$	•			680-0210					1			
Anemoded return    Anemoded return   Anemoded re		H				000 0220					208	-888-	1821	
Application pending   F Name and address of principal officer   DON SONKE   HO) he was a grow anterior for subordinates   Vere   X   Modern   SAME AS C ABOVE   HO) he was a grow anterior for subordinates   Vere   X   Modern   SAME AS C ABOVE   HO) he was a grow anterior for subordinates   Vere   X   Modern   Ho) he was a grow anterior for subordinates   Vere   X   Modern   Ho) he was a grow anterior for subordinates   Vere   X   Modern   Ho) he was a grow anterior for subordinates   Vere   X   Modern   Ho) he was a grow anterior for subordinates   Vere   X   Modern   Ho) he was a grow anterior for subordinates   Vere   X   Modern   Ho) he was a grow anterior for subordinates   Vere   X   Modern   Ho) he was a grow anterior for subordinates   Vere   X   Modern   Ho) he was a grow anterior for subordinates   Vere   X   Modern   Ho) he was a grow anterior for subordinates   Vere   X   Modern   Ho) he was a grow anterior for subordinates   Vere   X   Modern   Ho) he was a grow anterior for subordinates   Vere   Y   Modern   Ho) he was a grow anterior for subordinates   Vere   Y   Modern   Ho) he was a grow anterior for subordinates   Vere   X   Modern   Ho) he was a grow anterior for subordinates   Vere   X   Modern   Ho) he was a grow anterior for subordinates   Vere   X   Modern   Ho) he was a grow anterior for subordinates   Vere   X   Modern   Ho) he was a grow anterior for subordinates   Vere   X   Modern   Ho) he was a grow anterior for subordinates   Vere   X   Modern   Ho) he was a grow anterior for subordinates   Vere   X   Modern   Ho) he was a grow anterior for subordinates   Vere   X   Modern   Ho) has a grow anterior for subordinates   Vere   X   Modern   Ho) has a grow anterior for subordinates   Vere   X   Modern   Ho) has a grow anterior for subordinates   Vere   X   Modern   Ho) has a grow anterior for subordinates   Vere   X   Modern   Ho) has a grow anterior for subordinates   Vere   X   Modern   Ho) has a grow anterior for subordinates   Vere   X   Modern   Ho) has a grow anterior for subordin		Ftn	nal return/terminated								1			
SAME AS C ABOVE   Tax-exempt status   SID(XS)   X   SID(X)   X   SID		∐ Ar	mended return									•	, , , , , , , , , , , , , , , , , , ,	<u>673.</u>
Tax-exempt status   \$30(c/3)   \$30(c/3)		L Ap	oplication pending	F Name and add	ress of princi	pal officer DC	ON SONK	E					□	XNo
Tax-exempt status   \$30(c/3)   \$30(c/3)				SAME AS C	ABOVE	) !				H(b) Are all	l subordinates ' attach a list	included? (see instru	ctions) Yes	∐ No
Form of organization   X  Corporation   Truxt   Association   Other   L Year of formation   1948   M State of legal domote   ID	1	Tax-	exempt status	501(c)(3)	X 501(c)	(_5)◀ (	nsert no )	4947(a)(1) or	r 527			,	<b>,</b>	
Part I   Summary	J	Wel	bsite: ► N/	Ά						H(c) Group	exemption nu	ımber 🕨		
Briefly describe the organization's mission or most significant activities   PROMOTION OF AGRICULTURE	K	Form	n of organization	X Corporation	Trust	Association	Other ►	L	Year of format	ion 194	8 M s	tate of lega	al domicile ID	
Briefly describe the organization's mission or most significant activities   PROMOTION OF AGRICULTURE	Pa	rt I	Summar	v			<del></del>		<del>-</del> -			<del>-</del>		
2 Check this box   If the organization discontinued its operations or disposed of more than 25% of its net assets  3 Number of voting members of the governing body (Part VI, line Ia)  4 Number of independent voting members of the governing body (Part VI, line Ib)  5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)  6 Total number of individuals employed in calendar year 2014 (Part V, line 2a)  7 Ta Total unrelated business revenue (Part VIII, column (C), line 12  8 Contributions and grants (Part VIII, line Ib)  9 Prior Year  8 Contributions and grants (Part VIII, line Ib)  9 Prior Year  8 Contributions and grants (Part VIII, line Ib)  9 Prior Year  10 Ther revenue (Part VIII, column (A), lines 3 Part VIII, column (A), lines 5 Part VIII,		1	Briefly descri	be the organiza	tion's mis	ssion or most	significant	activities. b	ROMOTTO	N OF A	GRICUL	TURE		
b Net unrelated business taxable income from Form 990-T, line 34  8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3 4 and (d) 11 Other revenue (Part VIII, column (A), lines 5 4 and (d) 12 Total revenue — add lines 8 through 14 (apt 5) (apt 6) (apt 6) (apt 6) (apt 7) (apt 6) (apt 7) (			-	J			-	<u> </u>		11_01_1	01.12001	<u>. 0.u.</u>		
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Beginning of Current Year End of Year  20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20  Part II Signature Block  Under penalties of perjury, Leclar 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 tother than officer) is bested on all offormation of which preparer has any knowledge  Sign Here  Paid Preparer  Paid Preparer  Use Only  Beginning of Current Year End of Year  625, 880. 606, 342.  Do. 625, 880. 606, 342.  Do. 625, 880. 606, 342.  Part II Signature Block  Dose  PRESIDENT  Date  PRESIDENT  Prinv Prinv  Self-employed P00701176  Firm's name  Firm's name  Firm's address  Prinv's address  Prinv's address  Prinv's address  Prinv's address  Proparer  1 Signature Of Officer  Date  CAMERON KELLER, CPA CAMERON KELLER, CPA  Firm's saddress  Prinv's address  Prinv's EIN 20-5941966  MERIDIAN, ID 83642  Phone no (208) 887-9541	,							(A), line 25)		·				
20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20  Part II Signature Block Under penalties of perjury, Lasciarchia 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 peparer other than officer) is based on all differentiation of which preparer has any knowledge  Sign Here  Pon Sonke Type or print name and title  Print/Type preparer's name CAMERON KELLER, CPA CAMERON KELLER, CPA Firm's name Firm's name Firm's address  KELLER CPAS Firm's address  MERIDIAN, ID 83642 Phone no (208) 887-9541			Revenue less	expenses Sul	otract line	18 from line	12	•						
Part II Signature Block  Under penalties of perjury, LeeClare 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 tessed on all information of which preparer has any knowledge  Sign Here DON SONKE PRESIDENT  Print/Type or print name and title  Print/Type preparer's name Preparer's signature  CAMERON KELLER, CPA CAMERON KELLER, CPA self-employed P00701176  Preparer Use Only  KELLER CPAS Firm's address  ACMERON BRIDIAN, ID 83642 Phone no (208) 887-9541	in car									Beginnin				
Part II Signature Block  Under penalties of perjury, LeeClare 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 tessed on all information of which preparer has any knowledge  Sign Here DON SONKE PRESIDENT  Print/Type or print name and title  Print/Type preparer's name Preparer's signature  CAMERON KELLER, CPA CAMERON KELLER, CPA self-employed P00701176  Preparer Use Only  KELLER CPAS Firm's address  ACMERON BRIDIAN, ID 83642 Phone no (208) 887-9541	Bair			•							625,8		606,	
Part II Signature Block  Under penalties of perjury, LeeClare 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 tessed on all information of which preparer has any knowledge  Sign Here DON SONKE PRESIDENT  Print/Type or print name and title  Print/Type preparer's name Preparer's signature  CAMERON KELLER, CPA CAMERON KELLER, CPA self-employed P00701176  Preparer Use Only  KELLER CPAS Firm's address  ACMERON BRIDIAN, ID 83642 Phone no (208) 887-9541	¥ 5	21	l otal liabilitie	es (Part X, line	26) .		•					0.	<del></del>	0.
Under penalties of perjury, Lectare 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    Signature of officer	<b>2</b> 2	22	Net assets or	fund balances	. Subtract	line 21 from	line 20				625,8	80.	606,	<u>342.</u>
Sign Here    Don Sonke   President   Print/Type or print name and title	Pa	rt II	Signatur	e Block	()									
Sign Here    Don Sonke   President   Print/Type or print name and title	Unde	r penal	ties of perjury, Let	clare that I have ex-	amined this r	eturn, including ac	companying	chedules and state	ments, and to	the best of m	ny knowledge	and belief,	it is true, correct,	and
Here  DON SONKE Type or print name and title  Print/Type preparer's name CAMERON KELLER, CPA CAMERON KELLER, CPA CAMERON KELLER, CPA Firm's name Firm's address Firm's address Firm's address Page 100 PRESIDENT  Preparer  CAMERON KELLER, CPA CAMERON KELLER, CPA Firm's name Firm's address Prim's address Pri	comp	Diete Di	eciaration of prepa	irer tourier trian office	ii) is gaseu (	on an information o	or willor prepa		:uge	<del></del> +	<del>.</del>			
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Type or print name and title  Print/Type preparer's name  Preparer's signature  CAMERON KELLER, CPA  CAMERON KELLER, CPA  CAMERON KELLER, CPA  Firm's name Firm's name Firm's address  Firm's address  Preparer's signature  CAMERON KELLER, CPA  CAMERON KELLER, CPA  Firm's name Firm's name Firm's address  Phone no (208) 887-9541	Sig	ın	Signatu	ire of officer						U	ate			
Print/Type preparer's name	He	re								PRES:	IDENT_			
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Preparer Use Only         Furm's name Furm's address         KELLER CPAS         Furm's EIN ► 20-5941966           MERIDIAN, ID 83642         Phone no (208) 887-9541			Print/Type p	oreparer's name		Preparer's sig	nature		Date		Check	J "		
Preparer Use Only         Firm's name Firm's address         KELLER CPAS         Firm's EIN ► 20-5941966           MERIDIAN, ID 83642         Phone no (208) 887-9541	Pa	id	CAMERO	ON KELLER,	CPA	CAMERO	N KELLE	R, CPA			self-employe	ed P	00701176	
MERIDIAN, ID 83642 Phone no (208) 887-9541	Pre	epare		e KELLE	R CPAS						]			_
MERIDIAN, ID 83642 Phone no (208) 887-9541			J. a. i			ANIUM PL	STE 10	0			Firm's EIN	20-5	941966	
									<del></del>					
May the IRS discuss this return with the preparer shown above? (see instructions)	May	the I	IRS discuss th				ve? (see II	structions)		•	•		X Yes	

Par	tIII	Statement of Program Service Accomplishments				
		Check if Schedule O contains a response or note to any line in this Part III				
1		y describe the organization's mission:				
	PRO	MOTION OF AGRICULTURE				
2		ne organization undertake any significant program services during the year which were not listed on the prior	$\overline{}$	.,		
		990 or 990-EZ?	Ш	Yes	X	No .
-		es,' describe these new services on Schedule O	П	Vaa	v	Na
3		he organization cease conducting, or make significant changes in how it conducts, any program services?	Ш	Yes	X	No
4			000115	ad by a	vnon	coc
-	Section and r	ribe the organization's program service accomplishments for each of its three largest program services, as mon on 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others revenue, if any, for each program service reported	s, the	total e	xpens	es,
4 a	(Code		³			)
	PRO	MOTION AND EDUCATION OF AGRICULTURE FOR APPROXIMATELY 500 MEMBERS				
						· — — —
						. <b></b>
	(0 1	) (Dames of C	<del></del>			
4 1	(Code	e) (Expenses \$ including grants of \$) (Revenue	<b>'</b> ——			—,
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40	(Cod	e. ) (Expenses \$ including grants of \$ ) (Revenue	\$			<del></del> )
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						· <b></b> -
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			<b>_</b>			
4 (		r program services. (Describe in Schedule O.)			`	
		enses \$ including grants of \$ ) (Revenue \$			<u>,                                     </u>	
RAA		program service expenses		Forn	1 <b>990</b>	(2014)

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Form 990 (2014) ADA COUNTY FARM BUREAU

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82-0214625

Page 2

# Form 990 (2014) ADA COUNTY FARM BUREAU Partive 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		X
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	
	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
	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, VIII, IX, or $X$ as applicable.			
а	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
С	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
	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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		Х
	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		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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 (Å), 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
19	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		Х
20 a	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
b	olf 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 Ь		

Forr	m <b>990</b> (2014) ADA COUNTY FARM BUREAU 82-0	214625	F	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	IX, <b>22</b>		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, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		
	<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i>	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
	<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		х
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c	ļ	х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	<u> </u>	Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conserve contributions? If 'Yes,' complete Schedule $M$	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part	/ 31_	ļ <u> </u>	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	. 32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV and Part V, line 1	/, <b>34</b>		х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	Х
	<b>b</b> If '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		x

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O . BAA

Form **990** (2014)

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Form 990 (2014) ADA COUNTY FARM BUREAU

Part V Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response or note to any line in this Part V

Check if Schedule O contains a response or note to any line in this Part V			X
		Yes	No
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . 1 a	2		
<b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	-	х
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  2a	0		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		ĺ
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	Х	
b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 Ь		Х
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
<b>b</b> If 'Yes,' enter the name of the foreign country			İ
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)	==		١,,
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 с		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6Ь		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?.	7a		
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	<b>-</b>		
Form 8282?	7 c		ļ
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d	_	<u> </u>	
<ul> <li>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</li> <li>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</li> </ul>	7 f		├
	/ '	-	<del> </del>
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
organization have excess business holdings at any time during the year?	8	_	
9 Sponsoring organizations maintaining donor advised funds.	0-		
a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		-
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .	90	<u> </u>	<del> </del>
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 .   10a			ļ
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	$\dashv$		
	$\dashv$		
a Gross income from members or shareholders	1		
b Gross income from other sources (Do not net amounts due or paid to other sources			
against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	·		-
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	$\dashv$		
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note. See the instructions for additional information the organization must report on Schedule O			<u> </u>
	1		
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.			
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?.	. 14a	-	X
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		(2014)
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82-0214625 Form 990 (2014) ADA COUNTY FARM BUREAU Page 6 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI. 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 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 1 a 17 17 b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X 3 of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents X 4 since the prior Form 990 was filed? X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 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 7 a Х members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7 b stockholders, or persons other than the governing body? 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? .. . . . X 8 b **b** Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes X 10 a Did the organization have local chapters, branches, or affiliates? 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b operations are consistent with the organization's exempt purposes? X 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 b Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O 12a Х 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 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 120 Schedule O how this was done Х 13 13 Did the organization have a written whistleblower policy? X 14 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15 a a The organization's CEO, Executive Director, or top management official X 15<sub>b</sub> b Other officers or 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 X 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 take steps to safeguard the 16b organization's exempt status with respect to such arrangements? Section C. Disclosure 17 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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain in Schedule O) Upon request Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O

CINDY ROBERTS 1655 SOUTHSIDE

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MELBA ID 83641 208-888-1821

State the name, address, and telephone number of the person who possesses the organization's books and records

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

Check if Schedule O contains a response or note to any line 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 a		,			pensated
(A) Name and Title	(B) Average hours	Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from	(E)  Reportable compensation from	(F) Estimated
	per week (list any hours for related	or a large and a l	the organization (W-2/1099-MISC)	related organizations (W 2/1099-MISC)	compensati from the organizatio and relate organizatio

Name and The	hours per	1	dır	ector	/trust			compensation from	compensation from	amount of other compensation
	per 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)	from the organization and related organizations
(1) SANDY STEVENSON	1									
BOARD MEMBER	0	X						0.	0.	0.
(2) SHANE STEVENSON	1_	,								
BOARD MEMBER	0	Х						0.	0.	0.
(3) KARA JACKSON	1									
BOARD MEMBER	0	X			<u> </u>			0.	0.	0.
(4) BETH CARTER	1									
BOARD MEMBER	0	X						0.	0.	0.
_(5)_ DON_JOHNSON	1									
BOARD MEMBER	0	X		<u> </u>		<u> </u>		0.	0.	0.
_(6)_ GREG_NELSON	1									
BOARD MEMBER	0	X						0.	0.	0.
_O_CURT_KRANTZ	1						ŀ			
DIRECTOR	0	X					<u> </u>	0.	<u> </u>	0.
(8) MIKE MCEVOY	1	1								
DIRECTOR	0	X				ļ	<u> </u>	0.	0.	0.
(9) TRACY WALTON	1				ĺ					II
DIRECTOR	0	X						0.	<u> </u>	0.
(10) BILL BACHMAN	1	Į				ļ		_	_	_
BOARD MEMBER	0	X						0.	0.	0.
(11) DAVE HART	1	ļ							_	_
BOARD MEMBER	0	X			<u> </u>	<u> </u>		0.	<u>0</u> .	0.
(12) NIEL HERGERT	1							_	_	_
BOARD MEMBER	0	X				<u> </u>	<u> </u>	0.	0.	0.
(13) MARY JOHNSON	11_						İ			_
BOARD MEMBER	0	X			_			0.	0.	0.
(14) DON SONKE	2	1								

PRESIDENT

1,650.

Part VII   Section A. Officers, Directors, Tru		Key	En			es,	and	d Highest Com	pensated Emp	loyees	(conti	nued)
<b>(A)</b> Name and title	Average hours per	box	, unle	Po: check ess po	erson	e than is bot or/trus	h an	(D) Reportable	(E) Reportable		(F)	
	week (list any hours for related organiza - tions below dotted line)	or director	· —	-		employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W 2/1099-MISC)	com fa org an	unt of ot opensation the anization direlated anization	on on d
(15) LOU MARGOITIO VICE PRESIDENT	1			Х				0.	0.			0.
(16) CINDY ROBERTS SECRETARY	1				0.			0.				
(17) INA DEBOER	_1_											
SECRETARY (18)	0			X				175.	0.			0.
(19)												
(20)										-		
(21)												
(22)												
(23)												
(24)					-							
(25)												
1 b Sub-total	<del> </del>		_		-	·	<b>&gt;</b>	3,985.	0.			0.
c Total from continuation sheets to Part VII, Secti d Total (add lines 1b and 1c)	on A	•					<b>&gt;</b>	0. 3,985.	0.			0.
2 Total number of individuals (including but not limited	I to those I	ısted	abo	ve) v	who	recei	ved			ensatio	า	
from the organization 0									<del>.</del>		Yes	No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such	tor, or tru ch individu	stee ial	, key	y en	nplo	yee,	or h	nighest compensat	ted employee	3		X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	f reportab er than \$1	le co 50,0	mpe 00?	ensa If 'Y	tion 'es'	and com	oth plet	er compensation to Schedule J for	from	4		X
<ul> <li>5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Yes</li> </ul>	e comper	nsatio	on fr	om dule	any J fo	unre	late	ed organization or	ındivıdual	5		X
Section B. Independent Contractors												
Complete this table for your five highest compen compensation from the organization. Report comper	isated indessation for	epen the c	den alen	t co dar	ntra year	ctors endi	tha ng v	it received more ti vith or within the or	nan \$100,000 of ganızatıon's tax year			
(A) Name and business add	ress						_	(B) Description (	of services	Compe	C) nsatio	n
					-					<u> </u>		
Total number of independent contractors (including I \$100,000 of compensation from the organization)		ited t	o the	ose I	liste	abo	ve)	who received more	than			
PAA		TEEA	11081	034	00/15					Form	990 /	(2014)

1 22		Check if Schedule O	contains	a respo	onse or note to an	y line in this Part V	IIL		
1				<u> </u>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b	Federated campaigns Membership dues		1 a 1 b					
, Gifts, ilar An	d	: Fundraising events I Related organizations . : Government grants (contribution	ne)	1 d					
utions, her Sin		All other contributions, gifts, g similar amounts not included a		16					
Sontrit and Ot	g	Noncash contributions included Total. Add lines 1a-1f	,		•	~-			
<u>e</u>				···	Business Code		<u> </u>		
듄	2 a	MEMBERSHIP_DUES_&	ASSESSM	ENTS		90,659.	90,659.	<del></del> -	
<b>8</b>		BANQUET INCOME				535.	535.		
e C	c					333.			
Program Service Revenue	d								
Jrar	f	All other program service	e revenu	<del>-</del> -					
ĕ	a	Total. Add lines 2a-2f			•	91,194.			
	3	Investment income (includent similar amounts).	udıng dıv	idends	, interest and	1,179.	-		1,179.
	4	Income from investment	t of tax-e	xempt	bond proceeds. >				_,
	5	Royalties							
			(ı) Re	eal	(II) Personal				
	6 a	Gross rents.	36.	300.		ĺ			Ì
	b	Less: rental expenses		439.					
		Rental income or (loss)		861.		1			
		Net rental income or (lo		. 001.	<u> </u>	21,861.		21,861.	
		· r	(ı) Secu	rities	(ii) Other	21,001.		21,001.	
		Gross amount from sales of assets other than inventory	· · · · · · · · · · · · · · · · · · ·						
		Less, cost or other basis and sales expenses.							
		: Gain or (loss) I Net gain or (loss)			<u> </u>				
Other Revenue	8 a	Gross income from fund (not including . \$							
ķ		of contributions reported	d on line	1c).					
ď		See Part IV, line 18		а	).				
귤	b	Less. direct expenses.	•	. <b>t</b>	)	]		_	
중	c	Net income or (loss) fro	m fundra	ising e	vents.				
	9 a	Gross income from gam See Part IV, line 19	iing activi	ties . a	1				
		Less: direct expenses		ь					ł
	c	Net income or (loss) fro	m gamını	g activi	ties ►				
	10 a	Gross sales of inventory and allowances	, less ret	urns a					
		Less. cost of goods sold		. ь	)				,
	!	: Net income or (loss) fro			T	1		=	1
		Miscellaneous Revenu		<u> </u>	Business Code	-			
	11 a	<u> </u>				†			1
	ь			-	-				
	֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	[ <b></b>			·				
	٠,	All other revenue		<del>-</del>  -				<u></u>	<del></del>
		Total. Add lines 11a-11	d	. Г		<del></del>			
	_	Total revenue. See insti			· · · · · · · · · · · · · · · · · · ·	114,234.	91,194.	21,861.	1,179.
	14	TOtal revenue. See Insti	400013	•	•	114,234.	J1,174.	ZI,001.	<u> </u>

# Part IX Statement of Functional Expenses

Seci	Check if Schedule O contains a r			mpiete column (A).	
	<del></del>	(A)	(B)	(C)	(D)
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	34,918.	34,918.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	34,918.	3,000.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	3,000.	57303.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	3,985.	3,985.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
	a Management				
	Legal				<del></del>
	Accounting	2,131.	2,131.		
	Lobbying	2,131.	2,131.		
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other (If line 11g amt exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule 0)				
	Advertising and promotion	62,966.	62,966.		
13	· · · · · · · · · · · · · · · · · · ·	4,129.	4,129.		
14	Information technology .				
15	Royalties		<del></del>		<del></del>
16	Occupancy				
17		3,067.	3,067.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	12,062.	12,062.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
	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.).				
ē	BANQUET	5,809.	5,809.		
	EMPLOYEE AWARDS	850.	850.		
	ORGANIZATION DUES	650.	650.		
	BANK CHARGES	205.	205.		
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	133,772.	133,772.	0.	0.
26	the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here				
	SOP 98-2 (ASC 958-720)	i	l	J	

		Check if Schedule O contains a response or note to any line in this Part X	•		
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing .	114,359.	1	107,718.
i	2	Savings and temporary cash investments	110,676.	2	112,144.
	3	Pledges and grants receivable, net .	·	3	
ļ	4	Accounts receivable, net .		4	
	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	
	6	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	
2	7	Notes and loans receivable, net .		7	
Assets	8	Inventories for sale or use		8	
A S	9	Prepaid expenses and deferred charges .		9	
	10 a	Land, buildings, and equipment cost or other basis.  Complete Part VI of Schedule D  10a  576, 400			
	b	Less: accumulated depreciation 10b 189, 920	. 400,845.	10 c	386,480.
	11	Investments – publicly traded securities .		11	
	12	Investments – other securities See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	625,880.	16	606,342.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue .		19	
	20	Tax-exempt bond liabilities		20	
e.	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	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		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	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.	26	0.
Ses		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
ä	27	Unrestricted net assets	625,880.	27	606,342.
3al	28	Temporarily restricted net assets		28	
P	29	Permanently restricted net assets .		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
9	30	Capital stock or trust principal, or current funds .		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
et	33	Total net assets or fund balances .	625,880.	33	606,342.
Z	34	Total liabilities and net assets/fund balances	625,880.	34	606,342.
BA	A				Form <b>990</b> (2014)

Forn	n 990 (2014) ADA COUNTY FARM BUREAU	82-021462	5	Pa	age 12
Pai	t XI Reconciliation of Net Assets	<u> </u>			
	Check if Schedule O contains a response or note to any line in this Part XI			_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	14,	234.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	33,	772.
3	Revenue less expenses Subtract line 2 from line 1	3	-	19,	538.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6	25,	880.
5	Check if Schedule O contains a response or note to any line in this Part XI  Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Prior period adjustments  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  INVEX.III Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII  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  a Were the organization's financial statements compiled or reviewed by an independent accountant?  If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  Consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  Consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  Column (B) Treverwellon or its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain				
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		10	6	06,:	342.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				П
				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 :	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	separate basis, consolidated basis, or both:	eviewed on a			
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 sbasis, consolidated basis, or both:	separate			
•	If '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		
	ın Schedule 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 Sii Audit Act and OMB Circular A-133?	ngle	3 a		X
	olf '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	ed audit	3 b		
BAA	· · · · · · · · · · · · · · · · · · ·		Form	990	(2014)

#### 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

Schedule C (Form 990 or 990-EZ) 2014

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. ► Information about Schedule C (Form 990 or 990-EZ) and it instructions is at www.irs.gov/form990.

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.

• Section 501(c)(4), (5), or (6) organizations: Complete Part III

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) (see instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see instructions), then

Name	of organization			Employer identifica	ition number
	COUNTY FARM BUREA			82-021462	
Par	t I-A Complete if the or	rganization is exempt under section	on 501(c) or is a s	section 527 organiz	zation.
1	Provide a description of the	organization's direct and indirect political c	ampaign activities in	Part IV	
2	Political expenditures		•	<b>►</b> \$	
	Volunteer hours			•	
Par	<u> </u>	rganization is exempt under section	. , ,		
1		ise tax incurred by the organization under		. ►\$	
2	•	ise tax incurred by organization managers		►\$	
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		∐Yes ∐No
4 a	Was a correction made?				. Yes No
	If 'Yes,' describe in Part IV.		· <del> * - * - * - * - * - * - * - * - * </del>		
l	•	rganization is exempt under section			
1	Enter the amount directly ex	pended by the filing organization for section	n 527 exempt function	n activities > \$	
2	Enter the amount of the filing of function activities	organization's funds contributed to other organ	izations for section 527	7 exempt ►\$	
3	Total exempt function expen line 17b	ditures Add lines 1 and 2. Enter here and	on Form 1120-POL,	<b>►</b> \$	
4	Did the filing organization file	e Form 1120-POL for this year?			Yes X No
5	organization made payments amount of political contribution	and employer identification number (EIN) For each organization listed, enter the ar is received that were promptly and directly del il action committee (PAC) If additional spa	mount paid from the fivered to a separate po	filing organization's fund olitical organization, such	is Also enter the as a separate
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Part II-A Complete if section 501(		on is exempt under se	ction 501(c)(3) and	filed Form 5768 (el	ection under
		ngs to an affiliated group (and	l list in Part IV each affil	ated group member's name	
		nd share of excess lobbying		3 p	•
B Check ► ☐ if the filir	ng organization ch	ecked box A and 'limited co	ontrol' provisions apply.		
(The term	Limits on Lobb 'expenditures' me	ying Expenditures ans amounts paid or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditi	ures to influence p	ublic opinion (grass roots le	obbying)		
<b>b</b> Total lobbying expendition	ures to influence a	legislative body (direct lob	bying)		
c Total lobbying expendition	ures (add lines 1a	and 1b) .			
d Other exempt purpose of	expenditures.				
e Total exempt purpose e	xpenditures (add l	ines 1c and 1d)	•		
f Lobbying nontaxable an both columns	nount. Enter the ar	mount from the following ta	ble ın		
If the amount on line 1e, col	umn (a) or (b) is:	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	s over \$500,000.		
Over \$1,000,000 but not over \$	31,500,000	\$175,000 plus 10% of the excess	s over \$1,000,000.		
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 lir					
i Subtract line 1f from lin	e 1c. If zero or les	s, enter -0-			<del></del>
j If there is an amount othe section 4911 tax for this	er than zero on eithe s year?	r line 1h or line 1i, did the or	ganızatıon 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	complete all of the five gh 2f.)	
	Lob	bying Expenditures During	4-Year Averaging Per	iod	
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2011	<b>(b)</b> 2012	(c) 2013	( <b>d)</b> 2014	(e) Total
2a Lobbying non-taxable amount					
<b>b</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	1 990 or 990-EZ) 2014

Schedule C (Form 990 or 990-EZ) 2014 ADA COUNTY FARM BUREAU Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

(election under section 501(h)).			
- Love I was a factor of the same to be a second of Death Management	(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	Amount
1 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>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			

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 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
h If 'Ves' enter the amount of any tay incurred under section 4912		ı	

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).

c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	X	
3	Did the organization agree to carry-over lobbying and political expenditures from the prior year?	3		X

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Part III-A, line 3, is answered 'Yes.'

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

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

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.

OMB No 1545-0047

Open to Public Inspection Employer identification number

Name of the organization

Department of the Treasury Internal Revenue Service ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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

b Assets included in Form 990, Part X

**►**\$

Part III Organizations Maintaining Colle	ections of Art, Histo	orical Treasures, o	r Other Similar Ass	sets (continued)
3 Using the organization's acquisition, accession, a items (check all that apply):	and other records, check a	ny of the following that ar	re a significant use of its	collection
a Public exhibition	<b>d</b> Loan	or exchange programs		
<b>b</b> Scholarly research	e Other			
c Preservation for future generations	<del></del>			
Provide a description of the organization's collect Part XIII.	tions and explain how they	further the organization's	s exempt purpose in	
5 During the year, did the organization solicit of to be sold to raise funds rather than to be ma	untained as part of the o	organization's collection	?	Yes No
Part IV Escrow and Custodial Arranger line 9, or reported an amount or	nents. Complete if the Form 990, Part X,	ne organization an line 21.	swered Yes to Fo	rm 990, Part IV,
1 a Is the organization an agent, trustee, custodia on Form 990, Part X?			ner assets not included	Yes No
<b>b</b> If 'Yes,' explain the arrangement in Part XIII	and complete the follow	ng table:		
				Amount
<b>c</b> Beginning balance .	••	•	1 c	
<b>d</b> Additions during the year	• • •	•	1 d	
e Distributions during the year			1 e	
f Ending balance	• •		1f	
2a Did the organization include an amount on Fo				Yes No
<b>b</b> If 'Yes,' explain the arrangement in Part XIII.	Check here if the explai	nation has been provide	ed in Part XIII	
Day F. J. C. J. C.		107 11 5	000 0 10/1	10
Part V Endowment Funds. Complete if	<del></del>			<del></del>
(a) Curren	t year (b) Prior yea	r (c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance				<del>                                     </del>
<b>b</b> Contributions				
c Net investment earnings, gains, and losses				
d Grants or scholarships				<del> </del>
e Other expenditures for facilities and programs				
f Administrative expenses				<del> </del>
g End of year balance .				
2 Provide the estimated percentage of the curre	ent year end balance (lir	ne 1g, column (a)) held	as:	
a Board designated or quasi-endowment	*			
<b>b</b> Permanent endowment ►	_			
c Temporarily restricted endowment	%			
The percentages in lines 2a, 2b, and 2c shou			4.4	
3 a Are there endowment funds not in the possession organization by:	or the organization that a	are neid and administered	i ior the	Yes No
(i) unrelated organizations.				3a(i)
(ii) related organizations	•	•		3a(ii)
<b>b</b> If 'Yes' to 3a(II), are the related organizations	· ·			3b
4 Describe in Part XIII the intended uses of the	organization's endowme	ent funds		
Part VI Land, Buildings, and Equipmen				
Complete if the organization ans	swered 'Yes' to Forn	n 990, Part IV, line	11a. See Form 99	0, Part 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>b</b> Buildings		440,474.	159,451.	281,023.
c Leasehold improvements		10,310.	3,394.	6,916.
<b>d</b> Equipment .				
<b>e</b> Other		37,483.	27,075.	10,408.
Total. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X,			386,480.
BAA			Sched	ule <b>D</b> (Form 990) 2014

Complete if the organization answere	d 'Yes' to Form 990	N/A 0, Part IV, line 11b. See Form	990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) 			· <del></del>
(B)	<u> </u>		<u></u>
(C)	<u> </u>		<del></del>
(D)			
(E)		<u> </u>	<del></del>
(F)		<del> </del>	
(G) (H)			<del></del>
(I)			
<b></b>			
Part VIII Investments — Program Related.		N/A	
Complete if the organization answere	d 'Yes' to Form 990	0, Part IV, line 11c. See Form 9	990, Part X, line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or en	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)	ļ		<del></del>
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets.	N/2	<u> </u>	
Complete if the organization answere	d 'Yes' to Form 990	0, Part IV, line 11d. See Form 9	990, Part X, line 15.
(a) Do	escription		(b) Book value
(2)			
(3)	<del></del>	· · · · · · · · · · · · · · · · · · ·	<del></del>
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			ļ
Total. (Column (b) must equal Form 990, Part X, column	(B), line 15 )	<u> </u>	<u> </u>
Part X Other Liabilities.	Tarm 000 Dart IV line 1	10 or 11f Con Form 000 Port V June 21	:
Complete if the organization answered 'Yes' to l	(b) Book value		)
(1) Federal income taxes	(b) Book value	<del></del>	
(2)			
(3)		<del></del>	
(4)			
(5)			
(6)			
(7)			
(8)			
(10)	<del></del>	<del></del>	
(11)			
<u> </u>		<del>_</del>	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	►		

Chedule <b>D</b>	(Form 990)	\ 201 <i>a</i>	מחמ	COUNTY	LYDW	BIIDEVII
JULIUGUIC D	11 01111 220	, _0 4	$\Delta \nu \Lambda$	COUNTI	ויותח	DONEAU

82-0214625

Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenu	e per Return. N/A	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
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 (losses) on investments . 2a	1 1	
<b>b</b> Donated services and use of facilities . <b>2 b</b>		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.) . 2d		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	_
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b.		
b Other (Describe in Part XIII.)		
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	
B 1 1/1 B 11 1 4 B 1 B 1 B 1 B 1 B 1 B 1 B 1 B		
<del>_</del>	-	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	-	
<del>_</del>	-	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	·	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	·	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25	·	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities  2 a	·	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25  a Donated services and use of facilities  b Prior year adjustments  2 a  2 b	·	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other losses  2 Donated Services and Use of facilities 2 Donated Services and Use of facilities 2 Donated Services and Use of facilities 2 Donated Services and Use of facilities 2 Donated Services and Use of facilities 2 Donated Services and Use of facilities 2 Donated Services and Use of facilities 2 Donated Services and Use of facilities 2 Donated Services and Use of facilities 3 Donated Services and Use of facilities 4 Donated Services and Use of facilities 5 Donated Services and Use of facilities 5 Donated Services and Use of facilities 5 Donated Services and Use of facilities 5 Donated Services and Use of facilities 6 Donated Services and Use of facilities 7 Donated Services and Use of facilities 8 Donated Services and Use of facilities 9 Donated Services Amounts Use of facilities 9 Donated Services Amounts Use of facilities 9 Donated Services Amounts Use of facilities Use	·	
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII ) 2 d	1	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII ) e Add lines 2a through 2d	2 e	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII ) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 4 a	2 e	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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)  4 b	2 e 3	-
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII ) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 4 a	2 e	

Part XIII | Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, 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 any additional information

BAA

Schedule **D** (Form 990) 2014

		ئ	ante and Oth	or Accictance	o Organization	U		OMB No 1545-0047
Form 990)		Sove Sove	ernments, ar	Governments, and Individuals in the United States	the United Sta	ites		2014
Department of the Treasury		Tuformation ▼	about Schedule I (	■ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	). uctions is at www.irs.e	gov/form990.		Open to Public Inspection
Name of the organization							Employer identification number	ation number
ADA COUNTY FAR	FARM BUREAU						82-0214625	.5
Part   General In	iformation on Gi	General Information on Grants and Assistance	nce					
l	tion maintain records eria used to award the	to substantiate the amo	unt of the grants or a	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?	eligibility for the grants o	or assistance, and		X Yes No
ж r	/ the organization's pr	Describe in Part IV the organization's procedures for monitoring the use of	the use of grant fun	grant funds in the United States.		;		
Part II Grants and Form 990,	d Other Assistar Part IV, line 21	nce to Domestic ( for any recipient t	<b>Organizations a</b> that received m	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yerry 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	_	Complete if the organization answered 'Yes' to e duplicated if additional space is needed.	ion answered 'Y space is needed	es' to I.
1 (a) Name and addr	(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) IDAHO HEARTLAND CO	COALITION	45-2419625		. 6, 500.	0.			PROMOTE AGRICULTURE
1 1 1 1 1 1 1		82-0360159		6,500.	0.			PROMOTE AGRICULTURE
(3) MERIDIAN FFA	3642	82-0360159		6,966.	0.			PROMOTE AGRICULTURE
(4)								
(6)								
<u>(9)</u>								
6								
(8)								
2 Enter total numb	ber of section 501(c)(	Enter total number of section 501(c)(3) and government organization Enter total number of other organizations listed in the line 1 table	ganizations listed in table	ns listed in the line 1 table			<b>A A</b>	2
۱.	Reduction Act Notice	e, see the Instructions	s for Form 990.		TEEA3901L 06/19/14	06/19/14	Schedu	Schedule I (Form 990) (2014)

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

isopport of population in population of the	300000000000000000000000000000000000000				
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
		:			•
2					
4					
9					
9					
7					
Partion Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	ide the information	required in Part I,	line 2, Part III, col	umn (b), and any other	r additional information.

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

## 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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ADA COUNTY FARM BUREAU

Employer identification number

82-0214625

#### FORM 990, PART V, LINE 3B - REASON FOR NOT FILING FORM 990-T

INCOME IS FROM NON-DEBT FINANCED REAL PROPERTY. 990-T NOT REQUIRED.

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.